STORAGE

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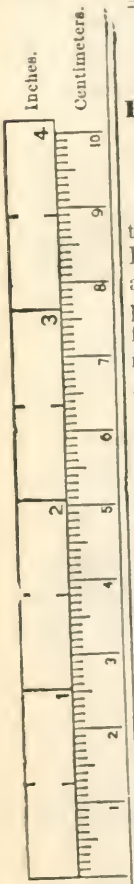
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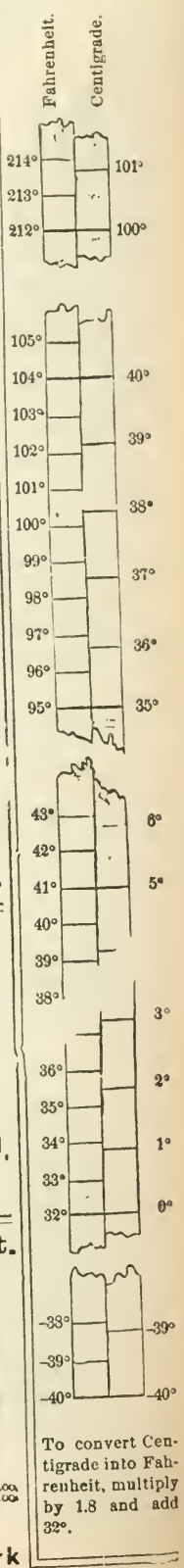
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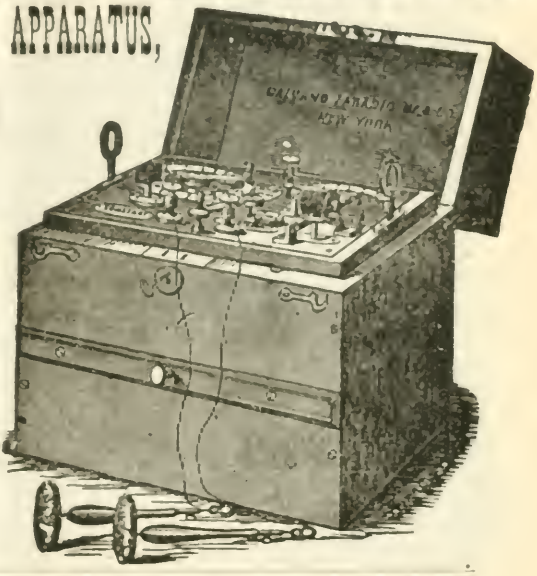
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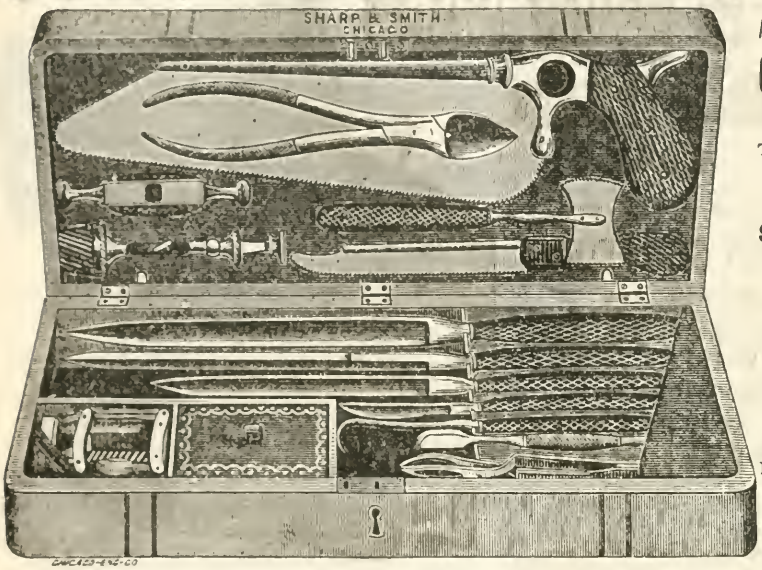
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20 per cent. saccharine matter	20
25 per cent. glutinous or nutritious matter obtained in the condensation of the beef	25
25 per cent. spirit rendered non-injurious to the most delicate stomach by the extraction of the fusel oil.	25
30 per cent. of aqueous solution of several herbs and roots, among which are most discernible Peruvian and Calisaya Barks	30
Total	100

I have had the process explained by which the beef in this preparation is preserved and rendered soluble by the brandy employed, and I am satisfied this combination will prove a valuable adjunct of our pharmacopœia.

Signed, Arthur Hill Hassell, M. D., F. R. S.
President of the Royal Analytical Ass., London.
Russell Square, London, W. C., 3d Janurry, 1868.

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AMERICAN MEDICAL ASSOCIATION.—The coming meeting of this association threatens to be somewhat inharmonious. The question of the Code of Ethics promises to have entire domination and to consume time in acrimonious disputes about non-essentials which should be devoted to science. The medical societies of the States of Indiana, Kentucky and Pennsylvania have strongly denounced the New York Code of Ethics and called upon the American Medical Association to take action in the matter. Against any action in the premises is the precedent of the Asylum Superintendent's Association. This, however, has been ignored by the State Societies already mentioned, and will not impress itself very strongly on others. Its agitation may, however, have one good result, it may lead friends of the asylum association who are very numerous in the American Medical Association to have the whole question buried in a committee, and thus by a subterfuge prevent too much waste of time. Will anything be done by the Association in the interests of medical educations. It is scarcely probably that more than the usual generalities will result. The mania errabunda to which the Association has been addicted should be in some measure checked, and an attempt made to secure a permanent place of abode. Some measures should also be taken to bring the different national associations of specialists into relation with this one, and thus strengthen its various sections. The Association should abolish the transactions and substitute therefor a medical journal which should follow a plan similar to that of the British Medical Journal.

PRELIMINARY EDUCATION OF MEDICAL STUDENTS.—At a recent meeting of the Alumni Association of the New York College of Physicians and Surgeons, Dr. William H. Draper advanced some peculiar views respecting the preliminary education of medical students. He said the idea of demanding a standard of preliminary attainments as requisite to a medical course, was a decidedly impracticable one, under existing circumstances. Young men cannot be prevented from wishing to enter the medical profession, nor is it practicable to exclude them from medical schools because they are not Bachelors of Arts. Reformers are hence following a will of the wisp in seeking to impose upon medical colleges this pre-requirement of a preliminary education. Dr. Draper believes that the only advance which is attainable is a longer term and more thorough training in the medical colleges. Dr. Draper's objection to a preliminary educational requirement is, that an enormous competition among medical colleges renders it necessary "to

graduate students at as little expense as possible." It must be obvious at first glance that Dr. Draper's argumentation is very faulty. The long term and the preliminary requirement stand and fall together. A college which requires a long term and thorough training cannot compete with the short term schools. The great objection which the average student has to attending a long term school is not the fees of the school, but the time required for study. The latter is the costly article and and between a long term school with no preliminary requirements and a short term school with preliminary requirements, he will certainly choose the latter. It is difficult to see how Dr. Draper can make such absolute statements. What is certainly desirable and practicable is a requirement at least of a preliminary English education. Dr. Draper directs the attention of his audience to the A. B., as if that were the sine qua non of the reformers. It seems scarcely credible that Dr. Draper can believe that overburdened and overloaded, as even a four years' medical course must be, it can make up for lack of previous education. This suggestion is an eminently impracticable one and seems to partake of a short sighted tender regard for the interests of the medical colleges rather than for the best interests of the profession.

Tannic Acid in Albuminuria.—Dr. Frerichs sometime ago recommended the use of tannic acid in albuminuria on theoretical and empirical grounds. Certain researches of Dr. Ribbert (Centralblatt für die Medicinische Wissenschaften, No. 3, 1882,) seem to support very strongly Frerich's suggestion. After inducing artificial albuminuria by compressing a rabbit's renal artery, Dr. Ribbert injected half a drachm of five per cent. tannic acid solution. On the kidney being excised and examined, the quantity of coagulated albumen in the Malphigian corpuscles was markedly less than usually found under such circumstances. This solution of tannic acid was frequently found to cause blood coagulation and death, so Dr. Ribbert made use of a two per cent. tannic acid solution, neutralized with soda carbonate, and injected six drachms and a half of it without any serious consequences. After the use of this latter solution, albumen was not present at all in some of glomeruli and in others there was but a small portion. Dr. Ribbert recommends tannin and soda tannate in larger doses than are usually given, especially early in nephritis when, he claims, the disease is still confined to the glomeruli.

Death from Potassium Bromide.—D P. T. Duncan, Putney, England (British Medical Journal, April 29, 1882), was called to see a three year old boy suffering from convulsions attended by slight loss of consciousness. The child was otherwise apparently healthy. After an enema and five grains of potassium bromide, the child grew markedly better. His medicine bottle containing eighty grains of potassium bromide was left within his reach, and he drank the whole of it dying within one hour. No autopsy. That the death was due to the drug is not absolutely certain.

Juglans Cinerea in Abortion.—Dr W. L. Bell Morrelton, Arkansas (Medical Brief, May, 1882), reports several cases in which butternut, given in the form of a compound syrup, has been of marked value in the prevention of abortion. The formula used by him is as follows: ℞ Ex fl Hyoscyamus ℥i; ex fl Juglans cinerea ℥i; ol sassafras ℥ss; sodii super carbonate ℥ss; syrup simplicis ℥vi; M. This mixture should be given in teaspoonful doses three times a day from the time of the threatened abortion till the completion of gestation. Juglans cinerea was at one time used in the treatment of scrofula, and as a wash for leucorrhœa. An alkaloid has been found in it by Tanret, but of the properties of this alkaloid nothing is known. Dr. Bell's cases seem to be about the first in which the drug has been used in abortion.

Euphorbia in Asthma.—It has been recently claimed that euphorbia pilufera is of benefit in asthma. One ounce of a decoction of the leaves of euphorbia pilufera (British Medical Journal, April 15, 1882,) is placed in two quarts of water and allowed to simmer till the quantity is reduced one half. The resulting decoction is taken in wine-glassful doses twice or thrice a day with very prompt effect.

Laryngeal Croup in Typhoid Fever is of somewhat exceptional occurrence. While the possibility of its occurrence is admitted by authorities, published cases are not numerous. Dr. E. W. Cushing (Boston Medical and Surgical Journal, May 11, 1882.) reports such a case with a very decided history, and supplemented by a pathological specimen. There is, of course, a possibility that the case was one of typhoid fever complicated by diptheria.

Aconite and Aconitia.—There is considerable discussion going on in England, France and Germany, over the uncertainty of commercial aconitia. Dr. E. J. Tilt (British Medical Journal, April 8, 1882.) narrates an instance of a large dose of tincture of aconite (British Pharmacopœia) given in a very severe case of cerebral neuralgia, to a highly nervous lady, at the menopause. One or two attacks occurred every week, and were so severe that she was obliged to stop in bed, in a dark room for two or three days, the pain being sometimes accompanied by vomiting, oftener by salivation. There was but a little dark colored urine passed at the beginning of the attack, which ended by an abundant flow of limpid urine. These attacks have now lasted twelve years, and they still occur. Treatment suggested by Dr. Handfield Jones, Dr. Russel Reynolds, and Dr. Ogle had not the slightest effect on the attacks. The application of six leeches to the temples shortened them; going out of town kept them in abeyance, once for six weeks; aconite was the only medicine that did the same. The patient took the tincture of aconite in an aromatic infusion, for sixteen weeks, beginning with five drops, and gradually increasing the dose till she took twenty-five drops, three times a day. That dose caused so great a sense of fulness in the throat, and of tingling and numbness of the tongue that it was reduced to twenty drops three times a day, which caused slight physical effects only. The remedy kept off the attacks for two or three, and once for four weeks; but did not in the least diminish their intensity. Sixteen week's trial of a dangerous medicine was thought to be sufficient. The prescription was made up at a respectable druggist's. Whether the patient's idiosyncrasy made her able to bear large doses of aconite, or whether there was something wrong in the tincture cannot be said. Dr. Greenhalg once nearly lost a patient to whom he had ordered an enema containing nine drops of tincture of aconite.

Ptomaines.—Dr. N. B. Sizer (King's County Society Proceedings, May, 1882), after an exhaustive review of the literature of this subject, comes to the following conclusions: The alkaloids of cadaveric origin are distinguished not only by their basic qualities and powerful reducing properties, but by their greater or less toxic power and physiological effects as dilatation, irregularity and final contraction of the pupil, interference with cardiac rhythm, stupor, tetany, and death with cardiac systole, want of blood coagulability, loss of muscular contractility. These facts apply not only to Selm's ptomaines arising from albuminoid putrefaction, but also from certain toxic compounds contained in the normal mammalian secretions and excretions. Ptomaines and serpent venom are allied to the alkaloids of normal saliva.

Dr. Herman Knapp has accepted the Chair of Ophthalmology in the University of New York City, made vacant by the resignation of Dr. Roosa.

Purpura in Phthisical Patients.—Dr. Ducazel (La France Medicale, March 14, 1882,) has recently reported a case of purpura occurring in a tubercular patient whose mother had also been tuberculous. The purpura was of violaceous hue during the day, and during the night became scarlet and very painful. There is a certain regularity about the changes in hue. Dyspnœa and cough and the purpura seem to alternate in severity. It is very probable that there is a hysterical element in the case, which is not without influence.

A Rare Parasitic Dermatosis.—Dr. Nielle (British Medical Journal, May 6, 1882,) has observed a papular eruption on a fourteen year old cabin boy, which resembles the skin disease called craw craw, common among the Negroes of the Guinea coast. Microscopical examination of the serosity of the papules revealed nematoid worms similar to filiariæ in all stages of development, from the adult and sexual to the embryonic. In the latter stage they are to be found in the blood. The disease is not contagious. The filaria is believed to enter the system by means of the water drank. The adult worm is one-third of a millimetre long and one one-hundredth of a millimetre in diameter.

Perineorrhaphy and Trachelorrhaphy.—Dr. J. B. Hunter (New York Medical Journal, May, 1882,) says with respect to Emmet's operation for cervical and perineal laceration at the same time that he, several years ago, tried this method in an hospital patient, who could not remain long enough to have the operation done at the usual interval of two or three weeks. It succeeded so perfectly that he has since done the double operation frequently in hospitals and private practice, and has always had good results. If, however, the cervical laceration is very extensive, or any condition exists that renders hæmorrhage probable, the operations are done separately. In case it is desirable not to keep the patient too long under the ether, the operations should not be done at the same time. The disadvantages are that it is impossible to reach the cervix if it should be necessary without sacrificing the new perineum, the patient is longer under ether, and the sutures can not be removed from the cervix so soon. The advantages are that the patient takes ether but once, and that she and her friends are spared the preparation, always formidable for a private family for two operations, that she lies in bed no longer than in the case of the operation on the perineum alone; that a delicate patient is less fatigued than after two separate operations. Dr. Hunter usually removes the sutures from the perineum on the eighth day, and from the cervix two weeks later, though with care these latter can be taken out earlier. There is no objection to their being allowed to remain in a month or so, if desirable, as they cause no irritation or inconvenience if the twisted ends of the wire are bent over and out of the way. While Dr. Hunter does not recommend the double operation as a rule, he considers it preferable in many cases.

Bantingism and Eczema.—Mr. Balmanno Squire (British Medical Journal, April 8, 1882,) claims that Bantingism is of great value in the treatment of eczema occurring in lymphatic or fat and pasty looking infants, or more properly speaking children two or three years old. The plan of dieting these, according to Bantingism by Mr. Squire, is as follows: In place of pure milk they should take milk diluted with an equal or double quantity of water. In lieu of bread and butter they should take dry toast or dry biscuit. All the fat should be cut away from meat which may be given them. No oily fish should be eaten, nor any vegetable roots nor any fruits. Under this system of dieting eczema has been found by Mr. Squire to rapidly improve.

The first attempt at medical education in the United States, was made in New England in 1629.

Hæmostatic Injections into the Peritoneum.— Dr. E. Schwartz (Centralblatt für Gynakologie, No. 6, 1882,) claims that the dangers from intra-uterine injections of liquor ferri perchloridi, tincture of iodine, and of strong solution of nitrate of silver, finding their way into the peritoneal cavity are very much over estimated, and gives as corroborative of this claim the results of seven experiments on dogs, in which it was found that none of the substances, when used in quantities of one cubic centimetre, were capable of producing dangerous or suppurative peritonitis. On the whole no bad effects were noticed. Two of the dogs killed and examined six months after the injection, showed no trace of inflammation or adhesion in the peritoneum. Dr. Schwartz draws the very rash inference that intra-peritoneal use of ferri chloride to stop hæmorrhage after removal of adherent fibroids may be resorted to without fear, but for all that, his experiments on dogs are not crucial and his advice should be therefore taken cum grano salis.

Pulsatile Empyema.—Dr. Comby (Journal de Medecine et de Chirurgie Pratiques, May, 1882.) calls attention to a pulsatile variety of empyema. By pulsatile empyemahe means a pleural exudation which presents pulsations perceptible to the eye. Pulsations which are independent of those of the heart. There are two varieties of this affection which is very rare. The first variety is pulsatile empyema without external tumor. The second is pulsatile empyema with external tumor. This affection might be confounded with aneurism, but the absence of a bruit is sufficient to settle the differential diagnosis.

The Mydriatic Alkaloids.—Dr. E. J. Jackson, West Chester, Pennsylvania (Medical and Surgical Reporter, May 13, 1882), after experiments with atropia, hyoscyamia, and duboisia upon himself, is inclined to believe that these drugs are not only chemically but also physiologically identical.

Strychnine in Prolapsus Ani.—Into the editorial on this topic in the May 15 number of the Review, there crept a somewhat serious typographical error of giving a dose of one-twelfth, for one hundred and twentieth of a grain.

Aphthous Vulvitis.—Dr. Parrot (L'Union Médicale, March 16, 1882,) claims very good results from the treatment of this affection, when occurring in young infants, by painting the vulva each day thickly with iodoform, the labiæ being prevented from adhering by a small amount of charpie being placed between them. After the first application the vulvitis improves.

Digitalis according to Von Zeimssen (Cincinnati Lancet and Clinic) acts most surely when given in the form of powder, and as a cardiac tonic in doses of five centigrammes to at most ten centigrammes thrice a day. He observed, parenthetically, that the leaves gathered in Munich and Upper Bavaria were extraordinarily rich in digitaline. The infusion is the next best preparation after the powder; the tinctures are of uncertain strength and should be avoided. Digitalis itself is very unequal in its action, and its use is not unattended with danger, as it contains other alkaloids, of which the digito-toxin of Schmiedeberg appears to be the most active. The tonic and regulating action of the drug upon an enfeebled heart is shown in chronic cases after the administration of a gramme to a gramme and a half, and is well marked after eight to ten days. The drug should then be withheld for a week, after which it may again be given for six to ten days. There is scarcely a drug in the whole pharmacopœia, which acts with equal rapidity upon so complicated an apparatus as the heart. The use of digitalis in chronic myocarditis, in fatty degeneration of the heart, in disturbances of the compensation due to valvular lesions, etc., resulting in stasis of the pulmonary and general circulations, is not yet sufficiently appreciated as to the results from long-continued small doses.

Boracic Acid in Otorrhœa. — Dr. Charles D. Turnbull (Medical and Surgical Reporter, May 13, 1882,) claims that boracic acid, well powdered and "bolted," filled into the meatus, previously carefully cleaned through the speculum, and packed layer upon layer by gradually withdrawing the speculum till it reaches the mouth of the meatus, is almost a specific for otorrhœa, as he has cured every case of the hundreds he has treated and kept records of for the past three years. If the discharge ceases and leaves a hardened mass of discharge and powder filling the meatus, it must not be removed by force or syringing but must be softened by instillation of warm fluid cosmoline. As the mass softens it may be delicately picked loose or blown out of the meatus by the rubber bag of a Politzer's air douche.

Carbolic Acid Poisoning.—Dr. Inglessi (Bulletin Gènèrale de Therapeutique) has arrived at the following conclusions respecting this: First: The symptoms by the external application of carbolic acid are the same as those which arise from the absorption of the poison by the stomach from the gastric mucous membrane. Second: Poisoning occurs certainly where the acid has been applied to the skin or injected into a serous or mucous or abscess cavity. From the exposed surface of a wound the absorption is very slight, and the toxic effects trifling. The mucous membrane of the respiratory passages may serve as the place of introduction of the poison. Third: The effects may assume a very acute form, a less acute form, or a chronic form. Fourth: There exist certain idiosyncrasies; women and children are especially liable to carbolic acid poisoning. Fifth: The toxic dose is variable. In persons predisposed, one grain of carbolic acid may be sufficient to poison. Sixth: Carbolic acid as an application to contused wounds, should be used with caution, and in some cases should even be substituted by a less dangerous agent. Seventh: The treatment of severe carbolic acid poisoning should consist in artificial respiration, diffusible stimulants, especially the hypodermic injection of ether. In other cases the removal of the cause, through the discontinuance of the remedy, will suffice to remove the symptoms.

Expert versus Expert.—Dr. A. E. Macdonald testified in the Grappotte trial (American Journal of Neurology and Psychiatry, May, 1882,) that men really insane do not recognize their insanity, and in consequence do not conceal their delusions. To illustrate, a clinical lecture (Medical Record, November 22, 1879, page 484,) he showed one of his patients who believed himself filled with tar and grease, but admitted his insanity and expressed great anxiety for its cure. In the American Psychological Journal, January, 1876, he calls attention to the tenacity with which the insane conceal their delusions. Which of these diametrically opposed opinions is Dr. Macdonald's real opinion, no one can say, but his expression of the opinion first quoted overbalanced the opinion of eight general practitioners and led to a judicial murder.

Vaginal Ovariotomy. — Dr. W. H Baker, Harvard, (New York Medical Journal, March, 1882,) relates a case in which he removed a suppurating dermoid cyst of the ovary per vaginum, and remarks that the success which now attends ovariotomy by abdominal incision renders the cases very few in which removal by the vagina would be the better method. He would limit it: First: To cases where the cysts are small and their contents bland, so that removal can be effected without difficulty, and without great panger of septic peritonitis from the escape of any of the fluid into the peritoneal cavity. Second: To dermoid cysts so small as to be removed through the vaginal incision without evacuation. In the case of an ovarian cyst firmly adherent in the pelvis, he believes the best operation to be that of drainage into the vagina, with subsequent destruction by suppuration or by the cautery.

Mercury Bichloride in Variola.—Dr. S. V. Clevenger in a recent communication calls attention to the fact that mercury bichloride is likely to be of value during the papular stage of variola.

A New Voltaic Cell.—This cell, which it appears will be easy of transportation, and at the same time cheap and effective, is made as follows: The inner cell is of porous clay and contains a rod of zinc in a solution of caustic soda or potassa. The outer cell may be an old oyster can, and is packed with iron filings. Twelve of these cells were sufficient to produce an electric light. They would doubtless produce an excellent current for medical purposes, useful in many cases.

Optic Blood Vessels in Glaucoma.—Dr. W. C. Ayres, New York (New York Medical Journal, May, 1882), calls attention to the fact that in some cases atropine has given rise to the appearance of acute glaucoma. Why, he asks, may not glaucoma be attributed to some abnormality of the vessels of the interior of the eye, as was suggested long ago by Von Grafe. Since it is almost certain that none of the ætiological theories of glaucoma will bear scrutiny except the choroid hypothesis, so much more stress can be laid on this, as glaucoma is thus produced in myopes, the very persons not predisposed to the disease. Hypermetropia is the condition in which the disease is most frequently found. This tendency of atropine is further evidence of the influence of the blood vessels in the production of glaucoma. It suggests also, that the peculiar form of the disease known as hæmorrhagic glaucoma may be only a more decided form of the affection, so far as the blood vessels of the choroid and retina are concerned. It also explains why surgical operative interference is contra-indicated in glaucomatous eyes, not only from danger of retinal hæmorrhage, but also from profound disturbances of the choroidal circulation readily leading to panophthalmitis.

Salicylate of Chinoline in Otorrhœa.—Dr. Charles H. Burnett (American Journal of Otology,) says concerning this, that chinoline is a transparent, colorless aily fluid, sparingly soluble in cold water but more freely soluble in hot water. It mixes in all proportions with alcohol and ether. It is made from coal tar, is an energetic bactericide poison in a one-fifth of one per cent. solution, and in the same proportion prevents lactic acid fermentation. It forms several salts, among which the tartrate and salicylate are both colorless, the former occurring in the form of small acicular crystals, whilst the latter, is an amorphous powder. The larter is creamy white, of an aromatic odor, and well adapted for insufflation, being far superior in this respect to resorcin. It is disinfectant, non-irritant, detergent, and quite as healing as resorcin. He has employed it pure, as a powder for insufflation, in several cases of otorrhœa, without ill, and apparently with good effect; but the comparatively short experience will not permit very positive assertions in the latter respect. Salicylate of chinoline compares very favorably with resorcin in therapeutic effect, is far superior to it as a powder for insufflation. Under the local use of each the mucous membranes are blanched quickly, most so by resorcin, and so reman for twenty-four hours, becomes cleaner, and discharges less than they did before the application of the salicylate of chinoline.

Color Blindness from Cerebral Lesions.—The interesting case reported by Dr. Brill (Chicago Medical Review, April 1, 1882,) has, he writes, been recently supplemented by a post-mortem. There was found thrombotic softening, destroying exclusively the cortex of the fissura calcarini of the lower half and apex of the cuneus, and the adjacent part of the gyrus lingualis as well as the subjacent white substance. The rest of the brain absolutely healthy, no collateral œdema or inflammation. The arteries were slightly atheromatous.

Venesection.—That the disciples of Broussais carried venesection to an enormous excess, there can be no doubt, and this had two very natural results. Venesection fell into desuetude and numerous quackish systems of medicine rode into public favor over the popular prejudice raised by the downfall of the school of Broussais. The question is, however, now being asked by many thoughtful physicians, whether by the disuse of venesection the profession has not lost a very potent and valuable therapeutic agent. Dolan (Review, Vol. IV. p. 395) has made some very moderate claims for its use in cases of internal inflammation, in which a direct capillary circulation exists between the skin and the part affected. Dr. Dunn (Boston Medical and Surgical Journal, May 11, 1882,) claims that despite the abuses of former days, venesection has sufficient merits as a therapeutic agent to demand earnest consideration, and should be had recourse to in carefully selected cases. In febrile attacks, loss of blood will lower the temperature and this decrease is disproportionate to the amount of blood lost. Venesection does not diminish the amount of blood but renders it more watery, whereby the pulmonary circuit is promoted and the functional labors of the lung are diminished. The pulse is not a criterion of the amount of blood to be removed. These opinions were supported in an ensuing discussion by Drs. Bowditch and Harlow, and are in full accordance with the previously expressed opinions of Richardson and others.

Nasal Polypi and Asthma.—After an extended examination of the relations of polypi to asthma, Dr. Joal (Archives Générales de Médecine, May, 1882,) claims nasal mucous polypi occasionally produce dyspnœic troubles of an asthmatic nature. This symptomatic asthma is most frequently observed in arthritic subjects. It is most frequently produced by a reflex action consecutive to an irritation of the nasal mucous membrane. The excitation may have as a point of departure the sensitive filaments of the pneumogastric which are spread over the pharyngeal or bronchial mucous membrane. He claims also, therefore, that asthma may arise in consequence of catarrhal and emphysematous lesions attributable to nasal polypi. The asthmatic accidents may be improved or removed by ablation of the nasal polypi. The nervous troubles produced by nasal polypi may consist in spasmodic sneezing showing itself in paroxysms. There is no essential improbability in these views. At the same time it certainly has not been shown that asthma is caused by nasal polypi, producing alterations of the bronchial mucous membrane, and thus leading to emphysema and consequent asthma. The asthma is most likely produced without reference to the influence of emphysema.

Stretching of the Optic Nerve.—The first attempts at stretching this nerve were made by Wecker, only one of whose cases, an unsuccessful one, was reported. Dr. Kümmel (Deutsche Medicinische Wochenschrift, No. 1, 1882,) after experiments on animals and on the cadaver has satisfied himself of the harmless nature of the operation. This consists in passing a blunt spatula shaped instrument through an opening in the conjunctiva at the inner border of the cornea to the point of insertion of the optic nerve after tenotomizing the internus. Dr. Kümmell, however, prefers passing a blunt strabismus hook in between the inferior and rectus. In seven cases operated on by him there were no serious consequences. Observations on the cadaver showed that tractions on the nerve produced an action extending as far as the entrance of the optic tract into the cerebral substance. In one patient, under treatment for a long time with potassium iodide and strychnine, there was as improvement after the operations. Dr. Kümmell recommends the operation in slowly progressing atrophies where some qualitative light sensation still remains in the eye.

Cure of Lichen Rubber without Arsenic.—Up to till the present it has been the custom to treat all cases of lichen ruber with arsenic; a kind of a treatment resulting in recovery only after several months. Unna (Revue Hebdomadaire de Therapeutique) claims to have obtained much more satisfactory results without the use of arsenic by adopting the following treatment: The parts affected were vigorously rubbed with the following ointment: Benzoated pomade of zinc oxide, five hundred parts; carbolic acid, twenty parts; corrosive sublimate, one half to one part. In grave cases frictions should be made every morning and evening with this pomade, and the patient should be covered with linen immediately thereafter. The mouth should be watched and gargles used to prevent mercurial stomatitis. The urine should also be watched and if slight traces of carbolic acid appear therein, large quantities of water should be drank immediately after the first friction, the itching which prevents the patient from sleeping disappears. Of six patient thus treated, two were cured at the end of eight days, two others at the end of fifteen days, and the two last, in whom the disease had lasted more than a year, in a little less than three months.

Insanity Cured by Erysipelas.—Dr. Fritsch (Jahrbücher für Psychiatrie, Band III, Heft 3,) reports two cases of melancholia which recovered on recovery from an attack of erysipelas. The patients were markedly delirious during the erysipelas, but on recovery were found to be mentally sound. Similar cases have been reported by Esquirol (Maladies Mentales), Sponholz (Allgemeine Zeitschrift für Psychiatrie, Band XXX), Nasse (Allgemeine Zeitschrift für Psychiatrie, Band XXI), and Macleod (Journal of Mental Science, 1879.) It has been observed that acute diseases exert a beneficial effect on pre-existing insanity.

Sir John Rose Cormack died in Paris, May 10, 1882.

Phosphorus Poisoning by the Rectum.—Dr. Landerer (Archiv der Pharmacie) reports a case in which a woman poisoned a boy aged fifteen, by introducing matches into his rectum. He died the same night in great agony.

Diabetic Endocarditis.—Dr. Lécorchè (Bulletin Générale de Therapeutique Médicale et Chirurgicale, March 30, 1882) calls attention to the form of endocarditis of diabetic origin which he has found to be much more frequent among females than males. It has never been met with except in subacute or chronic diabetes. It appears late in the disease, two or three years or even longer after its onset. The slight degree of intensity of the disease rather than its duration, seeming to favor this complication. It is generally seated at the beginning of the mitral orifice, very rarely at the aortic orifice. Its presence is at first announced by a murmur at the apex and by an irregular and intermittent pulse. It increases the liability to death, and appears to be due to the irritating effects of the sugar on the lining membrane of the heart.

Fractures of the Bodies of the Vertebræ.—Dr. E. H. Bennett, at the Dublin Pathological Society (British Medical Journal, April 29, 1882), showed three fractures of the bodies of the vertebræ which were exceptional in involving the spinal cord, and in fact, that in all three there was bony union. They were examples of the "fracture par ecrasement" of Malgaigne. In one case the fourth, and in another the first lumbar vertebra was fractured. In both instances the body was cleft in the centre, the anterior fragment being depressed downwards; a small piece was thrust back into the spinal canal. In the third case a fracture detached the odontoid process downwards and forward. These cases certainly show that a certain number of individuals recover after an injury that has been of late, claimed to be fatal, especially in a well-known case.

THERAPEUSIS OF ZINC.—Dr. Testa (Bulletin Générale de Thérapeutique, February 15, 1882,) after extended experimentation with hypodermic injections of a twenty per cent. solution of zinc sulphate, claims that zinc has a marked action on the heart diminishing cardiac contraction and reducing blood pressure. The decrease in blood pressure results from the zinc directly causing contraction of the blood-vessels. Zinc acts on the intra-cardiac termination of the pneumogastric producing arrest of the heart in diastole. It reduces peripheral sensibility, almost to the point of complete anæsthesia and at times produces motor paralysis. It reduces motor and sensory excitability, and hence is indicated in convulsive neuropatheis. From this action on the nervous system and from its reducing utero-ovarian hyperæmia, it is also indicated in hysteria. From its action on the heart zinc appears to be indicated in certain cardiac palpitations of nervous origin.

INSANITY AND DIVORCE.—A committee appointed by the French Chamber of Deputies on the proposed new law of divorce, have had before them experts in nervous, diseases. Of these, Dr. Charcot and Dr. Magnan reported that it was not possible to declare absolutely that insanity is incurable except in progressive paresis, in which case the patient dies in five years, thus bringing about a natural dissolution of the marriage. The committee, therefore, rejected the proposition of making insanity a cause for annulling the marriage contract. The Union Medicale comments as follows: "We would have thought that insanity, which may be, even rigorously speaking, curable, would have been considered one of the most urgent causes for divorce, because it is so terribly hereditary." There are forms of insanity just as incurable and just as curable as progressive paresis., and the statements were not strictly scientific. French alienists do not agree with Drs. Gray, Kempster and Macdonald, that no such thing as hereditary insanity exists.

OLEATES IN THE DERMATOSES.—Dr. Shoemaker read a paper at the recent meeting of the Pennsylvania State Medical Society, in which he claimed the following advantages for the oleates over ordinary ointments: First: Their deep penetration The oleic acid gives them active ability to penetrate rapidly into the animal economy, and renders any salt with which it is combined more active and effective in dermic medication. Second: Their freedom from rancidity. Third: Their cleanliness of application. Fourth: Their great economy. Fifth: Their antiseptic action. Oleate of zinc is of great value in hyperidrosis and osmedrosis and eczema vesiculosum. Oleate of copper is of great value in tinea. Oleate of alumina is of great value in checking muco-purulent discharges. Oleate of iron has a mild astringent action. Oleate of arsenic is of value in lupus and the ulcerating variety of epithelioma, and is better borne than other forms of arsenic. The surface must first be abraded, otherwise there is no result. Oleate of silver is of value as a local application in erysipelas, and when sprinkled over old chronic ulcers sets up a healthier state of the parts. It is of use in carbuncles and boils, and will often arrest pustulation in its earlier stages.

ABORTION.—A case of this kind involving some curious medico-legal points was recently tried in Chicago. A girl died recently from metro-peritonitis. A midwife was tried for causing her death by an attempt to produce abortion. The autopsy showed that there had been apparently an attempt to produce abortion, but that the girl had never been pregnant. The case had been apparently one of pseudocyesis.

MENTAL STATUS OF GUITEAU.—Dr. W. A. F. Browne, Royal Commissioner in Lunacy for Scotland, (Journal of Psychological Medicine, Volume VIII., Part I.) after a careful analysis of the expert and other testimony given in the Guiteau case comes to the conclusion that Guiteau is insane.

LOCAL.

CHICAGO MEDICAL SOCIETY.

This Society met May 8, at the Grand Pacific Hotel. The meeting was a purely business one. Reports respecting reduction of railroad fare to St. Paul and Quincy were made. The Committee appointed to consider the proposition to change the place of meeting from the Grand Pacific Hotel to 242 Wabash Ave. reported individually. Drs. Ingals and Davis gave a written report, Dr. Hollister an oral. Dr. Ingals was opposed to making any change, Davis' views were conditionally favorable to removal. Dr. Hollister was conditionally opposed to removal. After some discussion by Drs. Graham, W. H. Curtis, Hessert, Earle, Jones, Fenn, Walters, Bogue, Brower, E. F. Ingals, Allport, Starkweather, Hotz, S. J. Jones and Paoli, it was decided to retain the present quarters. It was decided to adjourn during July, August and September. After other business of importance had been transacted, the Society adjourned till June 12.

CHICAGO MEDICAL COLLEGE.

The following changes have recently been made in the faculty of the Chicago Medical College: Dr. Rea has resigned the Chair of Anatomy to accept the Chair of Surgery in the College of Physicians and Surgeons. Dr. E. W. Jenks has resigned the Chair of Gynæcology, and Dr. E. C. Dudley has been elected as his successor. Dr. Christian Fenger has been elected to the Chair of Pathology made vacant by the resignation of Dr. Hollister, who takes the Chair of Clinical Medicine. Dr. O. C. DeWolf, Health Commissioner, has been elected Professor of Hygiene and State Medicine. Prof. J. H. Long has beenelected to the Chair of Chemistry. Dr. Quine resigns the chair of Materia Medica that he may devote his whole energy to the Chair of Therapeutics. Dr. Walter Hay has been appointed his successor. Dr. J. E. Owens has been made Professor of Surgical Anatomy, and Dr. F. C. Schaeffer Professor of Descriptive Anatomy. A new Chair of Dental Diseases has been established, but as yet remains unfilled. Dr. E. O. F. Roler, who has so long been seriously ill, says he is fully restored and will be ready for active work at the next session. Dr. Roswell Park, Demonstrator of Anatomy, has resigned, but as yet no one has been appointed to fill his place.

RUSH MEDICAL COLLEGE.

The annual term of four weeks of the practitioners' course of lectures in the Rush Medical College closed May 1. The term was a successful one, about one hundred physicians from all parts of the country matriculating. In the evening the faculty gave a dinner to the graduates, in the Sherman house. Toasts were responded to by the members of the faculty, and the other physicians who expressed gratification at the success of the practitioners' course, and prophesied that great good would result from it in the near future.

Calcium Sulphide in Orchitis.—Dr. C. A. Brice, Richmond, Virginia (Southern Clinic, March, 1882), claims very good results from the use of calcium sulphide in all forms of orchitis, whether resulting from traumatism or from mumps or gonorrhœa. He uses in addition to the calcium sulphide, such local applications as may be required by the indications presented by the case.

Medical Books in Evidence.—The Wisconsin Supreme Court (Northwestern Law Reporter) has recently held that medical books cannot be read to a jury as evidence, even though such books have been shown by expert testimony to be standard works in the medical profession. The decision is in full accord with previous decisions in other States.

Asylum Conflagrations. — Another lunatic asylum fire is announced from Austin, Texas, but no lives were lost.

ORIGINAL CONTRIBUTIONS.

*MALARIAL OTITIS.**

BY F. C. HOTZ, M. D., CHICAGO, ILL.

Surgeon to the Illinois Charitable Eye and Ear Infirmary.

Among the more recent discoveries in otology, there are few which for practical value surpass the interesting information we have of late obtained regarding the influence of malaria upon the ear. You all are familiar with the beneficial effect quinine occasionally has upon aural inflammations; but when you sum up the result of your experience, you will probably find that in a given case you could not predict whether quinine would, or would not, be of any good service. It is, therefore, a decided progress in aural therapy that we have learned to recognize among the large number of acute inflammations of the middle ear, one distinct kind for which the use of quinine is positively and particularly indicated, because it is the product of malarial infection.

To Dr. Weber-Liel, of Berlin, belongs the credit of having given us the first account of this malarial affection, which he called "otitis intermittens."** His experience was subsequently confirmed by Dr. Lawrence Turnbull,† and Dr. Voltolini, of Breslau.

The first typical case which I recognized as intermittent or malarial otitis, came under my care in 1880.†† And ever since I have studied with increasing interest the clinical peculiarities of this affection, and wish to-night to submit to your kind consideration the results of my experience.

The disease usually affects one ear only; but the hearing power of the other ear is generally found more or less impaired also, though it does not show any evidence of inflammation. It is ushered in by more or less pronounced chills, and often by the signs of "a cold in the head," attended by an uncomfortable sensation, noises in the ear, and soon followed by violent earache and marked deafness. Locally we find a congested drumhead and perhaps some mucous secretion in the Eustachian tube and tympanic cavity. Later the drumhead may be perforated and some mucus be discharged into the external auditory meatus.

As you see the affection presents all the symptoms of acute catarrhal inflammation of the middle ear, and probably is often taken for it too. But a careful investigation discloses features not possessed by the ordinary catarrhal otitis.

In the beginning, earache and deafness come and go at regular intervals, like the periodical attacks of intermittent fever; regularly at the same hour each day, or every second day, the pain sets in, increases gradually in intensity, lasts for a certain length of time and subsides. Sometimes the pain is preceded by a chill and its subsidence is coincident with a profuse perspiration; some of my patients, though they had not a marked chill, felt uncomfortably cold as if their room was insufficiently heated. Later on, especially when the drum-head is perforated, the deafness is permanent, and the pain does not show any free intermissions, but only marked remissions. At this period it may seem difficult to recognize the disease as malarial, because any acute inflammation of the middle ear shows remissions and exacerbations of the more prominent symptoms, particularly the pain. But the time when these remissions usually occur, seems to give us a valuable diagnostic point. With an ordinary otitis the patient usually has the worst pain at night; he cannot sleep unless he take morphine, while in the morning the earache subsides sufficiently to afford the patient a few hours rest and comfort. Now, just the reverse seems to be the rule in malarial otitis; at least in all the cases which came under my observation, the nights were characteristically comfortable or altogether painless, while by day the patient suffered agony of pain; and whenever this was the case, I found quinine quickly restored the patient to health. From these observations,* I must conclude that we may reasonably suspect malaria as the cause of an otitis which shows a decided remission toward evening or in the night, and a marked exacerbation toward the morning or during the day.

The pain is not located in the ear alone, but the whole side of the head feels sore and tender to the touch; especially over the parietal bone there is a very tender spot. Some patients pointed to the region about the mastoid foramen as a sore spot from which the pain seemed to extend upwards over the side of the head to the

*Read before the Chicago Medical Society, May 1, 1882.

** Monatschrift fuer Ohrenheilkunde, 1871.

† Transactions of the Pennsylvania State Medical Society for 1873; and Transactions of the American Medical Association for 1881.

†† See Archives of Otology, September 1880.

* I see that in this point my experience differs from Dr. Weber-Liel, who speaks of the periodical attacks or aggravations as occurring in the night time.

parietal region; and one of my patients complained of the latter region only as painful during the second week of the disease.

This extension of the pain far beyond the region of the ear, brings us to another characteristic feature of malarial otitis. It is the disproportion between the local manifestations and the subjective symptoms. As I said before, the disease presents itself in the garb of a catarrhal inflammation of the middle ear (congested drum-head, later perforation, and moderate discharge of mucous secretion). And what are the subjective symptoms of such catarrhal otitis? Acute pain referred to the depth of the ear, a sense of fullness and noises in the ear, and a variable degree of deafness; when the drum-head gets perforated, the pain and fulness are soon relieved.

Now, compare with these subjective symptoms those of the malarial otitis: violent pain in the ear and whole side of the head, fever, great nervous prostration, and complete deafness, and the perforation of the membrana tympani brings no relief from pain. This complex of symptoms would make us expect to find a severe suppurative otitis rather than the local signs of a catarrhal inflammation.

This preponderance of nervous symptoms sustains Dr. Weber-Liel's theory that the disease in question is primarily a malarial neuralgia of the third branch of the trigeminus, and the inflammation is induced by the neurosis in the vaso-motor system of the middle ear.

When the disease progresses still further it may involve the region behind the ear by swelling and tenderness, and is very likely to make the impression as if inflammation had invaded the mastoid cells. I do not mean to deny the possibility of this invasion; for in any form of otitis media the mastoid cells are more or less involved and may at every moment become the chief point of interest and attention; and Dr. Weber-Liel mentions the fact that in neglected cases of malarial otitis the perforation of the mastoid became necessary for the relief of pent-up secretion. But I wish to tell you, in the way of caution, that in all of my cases the swelling behind the ear, no matter how extensive it was, disappeared without operation, nor could I in any case regard it as evidence of serious disturbances within the mastoid cells. In the latter case, the swelling and tenderness are found directly behind the auricle over the mastoid bone, and if they extend beyond it they will be most pronounced at the mastoid region. But the swelling and puffiness I observed in the course of malarial otitis, started in the sub-auricular fossa whence it spread around and under the mastoid process to the posterior border of the sterno-mastoid muscle; but the mastoid region itself remained free from swelling and tenderness and could, therefore, not have been thought of as the seat of serious complications.

The usual treatment of catarrhal otitis is wholly inadequate for malarial otitis; air baths, cold or warm applications, morphine and other drugs do not obviate the return of the violent pain. At best, such treatment shows itself inefficient to stay the progress of the disease; often it will do positive injury, in as much as the malarial ear is very intolerant of local medication, and as every energetic local treatment is followed by an aggravation of the inflammation. As soon, therefore, as you have recognized the malarial nature of an aural inflammation, and if no sooner you may be led to the diagnosis by the inefficiency or harmfulness of your usual treatment, you must abandon all local medication and rely entirely upon the good services of quinine. It has not in one single instance disappointed me. I give it preferably in powders to be taken in a spoonful of tea or in moistened wafers, because then I am sure the patient gets exactly the prescribed dose of quinine, and in a form suited for easy assimilation, two requirements the ready made pills do not always meet.

In my former paper on malarial otitis, I said that I regarded small and frequent doses (one grain every hour) as preferable to the large doses given at longer intervals. I have now to modify this statement in view of the fact that in a recent case, small doses could not control the disease, while the patient improved at once as soon as I gave him five grains of quinine three times per day.

But the further statement that quinine must be continued for some time beyond apparent recovery of the patients in order to insure a permanent cure, this advice has been fully supported and graphically illustrated by the serious relapse of a patient who discontinued the medicine as soon as he felt well. It is scarcely necessary to add that malarial otitis requires the same hygiene as any other acute inflammation of the middle ear. The patient must remain

in the house during damp and cold weather, live on a light diet and keep his bowels regular. There is no objection to having the ear covered with a warm cloth if the patient likes it. But otherwise, I do not allow the patient to meddle with his ear; I even forbid him to syringe it, preferring to clean it with absorbent cotton, if need be, because I have found that under these circumstances even the injections of warm water into the ear caused a good deal of irritation. When the drum-head was perforated, I saw the secretion speedily diminish and the perforation close up without any medicinal application. When there was no perforation, the Eustachian catheter was occasionally inserted to clear the tympanic cavity of mucous which eventually was accumulated, but this operation should not be tried until the inflammation is subsided. The hearing was restored in all cases.

To illustrate the clinical features of this disease, and to show the prompt effect of quinine, the following two cases may be related:

First: Incipient Malarial Otitis. On the 31st of March, Dr. Banga invited me to a consultation by the following note: "Mr. H—— called on me four weeks ago on account of very severe neuralgia of the right side of the head, accompanied by pain and buzzing in the right ear. I advised warm fomentations on the ear, and gave him soda salicylate, which relieved the neuralgia. Yesterday Mr. H. sent for me again; he had very severe headache of the right side, with fever, and constipation. He took soda salicylate (6.00) and to-day he has no pain, but the deafness and noises in the right ear continues."

At our interview, April 1, I could supplement the history of the case by the following information: The patient, fifty-nine years of age, had for many years been troubled by chronic nasal catarrh, with frequent exacerbations, "after catching cold." But his hearing had always been good, at least good enough for all practical purposes; two and a half years ago while in Mexico, had suffered very much from malarial fevers and had several slight attacks since his return to the city. The pain was described as beginning at the right side of the back of the head and extending upward to the parietal region, which now was the principal seat of pain. At the attack four weeks ago, as well as at the recent one, the pain was decidedly intermittent. Day before yesterday it began about noon and lasted till evening; the patient slept well and felt pretty comfortable, and was free from pain yesterday morning when Dr. B. made his visit. But at noon the pain set in just as violently as on the previous day, and lasted just as long. The patient had no chills, but his wife remembered that yesterday noon he remarked about the room being cold, when it had a very agreeable temperature.

With the first attack of pain he had a sensation of fulness in his nose, and lost the hearing of the right ear. But the hearing always returned in the evening, so that night before last he heard the ticking of his watch again, which he could not hear in the afternoon; but since, the hearing has left the ear entirely.

I found the patient in bed, looking tired and languid although he had slept very well; he had no acute pain, but a sore feeling over the right side of the head; no appetite and a thickly coated tongue. The external auditory meatus contained a large quantity of epidermis scales macerated by the instillations of warm water; after their removal the inner portion of the meatus showed vivid redness, but no swelling or ulceration. The membrana tympani was gray-red, without lustre and light spot; the mastoid region and vicinity showed nothing abnormal. Could not hear the watch when pressed on the ear.

I had no tuning-fork nor Eustachian catheter with me, but even without these means it was not difficult to determine the nature of the trouble as malarial otitis. I prescribed quinine, and prognosticated a speedy recovery.

The consultation was held at 9 o'clock A. M., and as the pain was likely to return at noon I suggested to give two doses of quinine (five grains each) before noon in order to anticipate the attack, and to take a third dose at night. On the morrow of the next day when I came to the house, I found a very pleasant change had taken place with the patient. He walked the floor of his room with a lively gait, had relished a good breakfast, his head felt free from soreness and his tongue was clear, only deafness and buzzing in the ear were the same. The attack yesterday noon did not take place, only occasionally he felt a sharp darting pain in the head which lasted but a few seconds. Quinine was continued.

April 7. Patient presented himself at the office. Still some fullness and buzzing

in the ear, but can hear the watch when laid on the ear. Drum-head still injected along the malleus, catheterization revealed mucous secretion in the Eustachian tube and tympanic cavity. Quinine reduced to three grains per dose.

April 11. Daily use of the catheter cleared the tympanum from secretions, no trace of injections on the drum-head, No buzzing, watch at an inch (as far as with the left ear). Patient felt so well that he concluded to return to Mexico that same day.

Case II. Malarial Otitis and Perforation of the Drum-head.* December 17, 1880, I was requested to visit a married lady, thirty-six years of age, who was suffering from violent earache. Several years ago she had intermittent fever, and an other attack three weeks prior to my visit. The fever was broken by quinine, which, however, was discontinued as soon as the fever ceased. One week later the patient was seized with "neuralgia" in the left side of her head, the pain extending from behind the left ear (mastoid foramen) to the left parietal region, which, during the acme of the attacks, was quite sensitive to the touch. The neuralgia appeared pretty regularly every morning, grew worse toward noon and subsided late in the afternoon The post-auricular and sub-auricular regions became swollen, and one week ago a slight discharge from the external auditory meatus made its apparance; it brought no relief from the pain, but the attacks occurred every second day only, and were of shorter duration.

On the day I visited the patient she had a severe paroxysm during the morning. I found the auricle and external meatus in normal condition, no swelling or tenderness of the mastoid and sub-auricular regions, a small amount of mucous secretion in the meatus, and a small perforation in the anterior lower portion of the drum-head which was very red and swollen. Although the lining of the external auditory meatus was intact, the gentle injection of warm water was so painful that the patient fainted. The watch was not heard at all, and the loud tick of a clock only, when laid on the ear. The patient felt quite worn out, although she could sleep and rest well at night. Ordered quinine, Dover's powders (one grain each) every hour and to continue the warm water dressing which had been used since the beginning of the earache, by the patient.

December 19. Patient felt very well, only slight soreness in the ear, no discharge, swelling and redness of the drum-head less, and the perforation smaller. Heard watch at one inch; felt nauseated by the opiate; ordered quinine alone, one grain four times daily.

December 21. Last night pain returned, drum-head swollen again, and a slight discharge. Dose of quinine was increased to two grains every two or three hours.

December 27. Has been free from pain since last visit; meatus dry and not hyperæsthetic; perforation closed; drum-head pale, but still opaque; watch was heard at ten inches.

* This case was published in the American Specialist, March 1, 1881.

CORRESPONDENCE.

INDIANA STATE MEDICAL SOCIETY.

INDIANAPOLIS, May 15, 1882.

The Indiana State Medical Society held its thirty-second annual session, May 10, 1882. The society was called to order by the President, Dr. Marshall Sexton, of Rushville, and after prayer by Rev. J. K. Pye, Dr. Chambers, of the Illinois Society, was introduced and spoke briefly, and the roll was called. Drs. Hobbs, of Knightstown, Wood of Angola, Boyd of Dublin, Matthews of Madison, and Pearce of Mount Vernon, were appointed Committee on Credentials. Dr. Hibberd said that at the last meeting a question of veracity had arisen between him and Dr. Van Vorhis, and he now desired to make a statement. He said that Dr. Van Vorhis had charged that Senator Comstock, of Wayne county, had voted against the medical bill then pending at his (Hibberd's) instigation. He then read a letter from that gentleman, in which he said that he was originally opposed to the bill and had once voted against it, but at the solicitation of Dr. Hibberd, he had not voted against it again as the matter had been represented to him in a new light. Dr. Hibberd desired this letter spread upon the record as a vindication of himself.

Dr. Van Vorhis then reiterated his charge made at the last meeting, that Dr. Hibberd was opposed to the bill, while he endeavored to create the impression that he was strongly in favor of its passage, and that he had charged that the physicians who were in the Legislature had been direlict

in their duty. An acrimonious discussion followed, and the whole matter was finally referred to the Committee on Ethics, on motion of Dr. Adair. Drs. Dare, of Park County, Thompson of Marion, Spurrice of Rush, and Ford of Wabash, were appointed Committee on Finance.

Dr. E. S. Elder, Secretary of the Association, made his annual report, which showed that one thousand one hundred and one dollars in dues had been collected, of which one hundred and sixty-three dollars were delinquent. The present membership of the society is one thousand and eighty-three, an increase of eleven since the last report. There have been two hundred and fifty-three accessions during the year, eighty-nine removals, eighty-five suspensions, fifty-four withdrawals and seven deaths. The large number of removals and withdrawals, the Secretary thought, was the result of the last year's law of the society regarding membership, outside the limits of the counties in which local societies were in operation, and he thought the increase in membership showed that the original plan of incorporation was best adapted to the results desired. The Treasurer, Dr. G. W. H. Kemper, of Muncie, submitted his annual report, which showed receipts, one thousand six hundred and fifty-one dollars and ninety-five cents; expenditures, one thousand three hundred and one dollars and fifty-four cents; balance on hand, three hundred and fifty dollars and forty-one cents. The Committee on Ethics reported on the case of Dr. Vinnedge, of Lafayette, which had been appealed from the Tippecanoe County Society, that he had been guilty only of indiscretion, and that the charges preferred by the local society had not been sustained, and recommended that they be withdrawn and that Dr. Vinnedge apologize to the society. The report was concurred in. Dr. James F. Hibberd, of Richmond, read a paper on "Bacteria," which was referred to the Committee on Publication. Dr. Kemper, of Muncie, read a paper on "Primary Cancer of the Lungs." Dr. Intzi, of Richmond, followed with a paper on "Heredity and Its Relations to the Causation of Disease." Dr. Preston, of Greencastle, read a paper on "Laceration of the Perinæum." Dr. William Lomax, of Marion, read a report of "A Case of Embryotomy, without Cutting Instruments." A Committee on Nominations was appointed, consisting of one member from each county represented. The Committee on Ethics, to which had been referred the quarrel between Dr. Hibberd and Dr. Van Vorhis, reported that there had been no violation of the code on the part of either gentlemen, and recommended the case be laid on the table, which was agreed to. A special committee reported in favor of abolishing the office of Librarian and giving to the Secretary his duties and responsibilities, which was concurred in. On motion of Dr. Kemper, the Chairman of the Publication Committe was instructed to prepare and publish in the transactions for 1882 an alphabetical index of all papers heretofore published in the several volumes of transactions, and also an alphabetical index of names of members who have contributed papers, with their title and date. Dr. W. H. Bell, of Logansport, read a paper on "The Management of Stillborn Children After Resuscitation," which was discussed by Drs. Waterman, Beard, Porter, Moffet and Haughton. Dr. J. R. Weist, of Richmond, read a paper on "Hot Water in Surgical Practice," and Dr. J. A. Axtin's paper on "Diphtheria," was read by title.

The Society concurred in the action of the Wayne County Society, asking the American Medical Association to use its influence to induce the National Board of Health to take charge of the cultivation of vaccine virus. The Committee on Nominations reported the following officers for the next year, which was concurred in by a unanimous vote. Drs. W. H. Bell, Logansport, President; S H. Charlton, Seymour, Vice-President; E. S. Elder, Indianapolis, Secretary; George H. Kemper, Muncie, Treasurer. Dr. Thad. M. Stevens then read the report of the Committee appointed last session to draft a bill regulating the practice of medicine, and the consideration of this report was made the special order, after the President's address. Dr. N. Field, of Jeffersonville, read an interesting paper on "Etiology of Endemic Fever" and Dr. Mary F. Thomas, of Richmond, read a report from the Committee on "Women Physicians in Insane Asylums," in favor of the appointment of such physicians. Dr. C. D. Pearson read a paper on "Eclampsia."

The President, Dr. Sexton, then delivered an address on "Boards of Health, Medical Legislation and the Rights and Duties of Physicians under the Law." Dr. Sexton said that it had been the custom of the Presidents of the society to indulge in oratory, but he proposed to discuss the practical

questions of the day. In speaking of the profession, he said: "Your work, numbers and intelligence, constitute you the conservators of the public weal. You were not wrong in securing the establishment of a State Board of Health, which promises to do very much good. Unfortunately, the choosing of the members of the board got into the domain of politics instead of science. But I want to congratulate you and Governor Porter upon the wisdom he has shown in the selection of men who are so eminently qualified for the positions they fill. As far as the work of this board is considered, the minority might be composed of laymen, for they would not impair the efficiency of the organization. A majority of the board is made up of physicians of the regular school, and to a certain extent, therefore, you will be held responsible for its success or failure. Health laws have been promulgated and enforced by the board, and have done much to prevent the spread of disease. The question has often been asked what authority had the board to make the use of bovine virus compulsory in vaccination. The authority is undoubted, but the wisdom of such a policy can well be questioned. My personal opinion is, however, that bovine virus is much more dangerous than human virus, and I trust that when the board shall have heard the experience of old practitioners, it will rescind the order. Another order of the board, to isolate every case of scarlet fever, diphtheria, etc., would be recieved with the very greatest satisfaction, and would do incalculable good.

In this day no physician of character would jeopardize his professional reputation by prescribing the daily and continued use of alcohol to his patients. Its use in certain cases is necessary, but generally it is dangerous in the extreme. I am sorry that the State Board of Health has not thought it advisable as yet to make some arrangements for gathering statistics regarding the effects of the common use of strong drink. A terrible exhibit could thus be made. The Legislature should look into this matter and should pass a strong temperance law, impose heavy licenses, so that saloons would be less frequent, and make drunkenness a misdemeanor, and the business less honorable and common than it is now. Not until now, when we have a Board of Health, have we been able to get an adequate idea of the terrible effects of alcohol, and our profession could do nothing nobler or more honorable than to use every means in our power to prevent the further spread of the vice. The physicians may well be spoken of as handmaids of religion and civilization. The great duty of the Board of Health will be the collection of facts regarding disease, the causation and cure, with a view of deducing hygienic rules to prevent, as far as possible, its inroads. No great reform yet was ever organized without opposition, and it cannot be expected, therefore, that the health laws should be popular on all sides, but we should not be derelict in our duty, but give to this new movement our most hearty support. You should, also, be incessant in your efforts to influence the Legislature of this State to pass a law regulating the practice of medicine, for one is badly needed."

Dr. Sexton concluded his address with an outline of the principles he should like to see incorporated in the proposed medical legislation. The address was discussed at some length by Drs. Hervey, Harding, Todd, and others. The address was referred to the Publishing Committee, with a vote of thanks.

Dr. Mumford offered a resolution unqualifiedly indorsing the State Board of Health. Dr. Harvey offered as a substitute a resolution denouncing, as a violation of the Code of Ethics, the practice of regular physicians associating, even in an official way, with irregular physicians. This provoked another discussion, which was ended by Dr. Harvey's resolution being ruled out of order, and Dr. Mumford's resolution was then laid upon the table, and similar action was taken with Dr. Harvey's resolution.

Dr. H. D. Sweringen, of Fort Wayne, reported a case of a "Lacerated Perineum," which was discussed at length. The following resolution offered by Dr. Van Vorhis, was adopted. "Resolved, That a law creating a State Board of Health having, after many years of persistent effort on the part of this society and the medical profession of the State of Indiana, been enacted, it is now, in our opinion, the duty of every member of the profession and fraternity of this society to, in every right and proper way, aid in making successful the accomplishment of the highest possibilities under it: laying aside all personal preferences and differences and uniting as one man in assisting the Board in the grand and noble purpose of preventing disease, alleviating

human suffering and saving human life." A series of resolutions from the societies of Bartholomew, Fountain, Noble and other counties was presented, asking a condemnation of the action of the New York Medical Society, in adopting a new Code of Ethics, by which the regular physicians might meet and consult with representatives of other schools who were legally qualified, such action being characterized as useless, unauthorized, imprudent and injurious. The resolutions were adopted, after which a paper on "The Relation of Nerve to Muscle," was read by Dr. Haughton. Dr. Porter read a paper on "Treatment of Fracture of the Clavicle." Dr. Elder read by title, papers on "Animal Virus," by Dr. J. W. Compton, of Evansville, and on "Ovariotomy," from the Tipton County Society, which were referred to the committee on publication.

A series of resolutions from the Noble County Society, asking the State to petition the next Legislature to make certain designated amendments to the public offense act, so as to provide more adequate punishment for procuring abortions. Dr. Frink, in moving the adoption of the resolutions, said that few persons had an idea of the infamous practices of pretended doctors who were coming into the Northern part of the State from Illinois and Michigan. Abortion was openly and freely practiced, and he knew of one man who visited a certain town in his locality semimonthly, and who each time took the lives of at least six human beings. Something should be done at once in this matter.

Dr. Van Vorhis said he was in favor of some action in the matter, but he did not like for the society to go on the record in favor of allowing immunity from punishment to that particeps criminis who would testify against the person who would perform the operation. Dr. Blom, of Fort Wayne, said it would not do to refer this matter altogether to the Legislature, for at the present time a member of that body from Allen County was on trial for procuring an abortion. Dr. Wishard, of this city, said that his position as coroner of this county had convinced him that abortions were becoming alarmingly frequent, and they were not confined to the lower classes, but were frequently practiced among the upper classes. Regular as well as irregular physicians were guilty of it also. The resolutions were lost. Dr. Bell, of Logansport, the newly elected President of the Society, returned thanks for the honor conferred on him. A vote of thanks was ordered for Dr. Sexton's services, and the Society then adjourned for one year. The Indiana State Medical Society was organized in the year 1849. There were twelve gentlemen present at this session who participated in the deliberations of the Society thirty years ago. Drs. P. H. Jameson, D. Funkhouser, M. Sexton, W. Tamax, R. N. Todd, John M. Kitchem, James H. Woodburn, Thomas B. Harvey, J. W. Hervey, M. H. Harding, George Sutton, and N. Field. R.

BELLEVUE HOSPITAL—BACILLUS OF BROKEN LEGS—MEDICO-LEGAL SOCIETY.

New York, May 28, 1882.

A new nest of typhus has been discovered in this city at 337 East Forty-Seventh Street. Dr. Woodcock, of the North Eastern Dispensary, was first to discover the cases. He made the diagnosis of typhoid fever, but on examination by Dr. Chapin, of the Riverside Hospital, Blackwell's Island, the disease was found typhus. The neighborhood is a very populous one, and as the friends of the typhus patients had been visiting them freely prior to the report made by Dr. Woodcock to the Board of Health, it is very probable that more than one hundred persons have been exposed to the disease. Thus far about eighteen cases have been removed to the Riverside Hospital.

The Erie County Medical Society has been making vigorous warfare on certain graduates of the New Buchananistic diploma mill at Detroit. Quite a number of these have settled in Buffalo, and are practising. That veracious chronicler, the sixth column editor of the Times, claims that a certain Wisconsin physician has discovered the bacillus which causes broken legs. Within the past year he has examined with the microscope thirty-six cases of broken leg, and in every case has found this parasite in the accompanying trousers. In the course of the last six months he has placed garments cut after the manner of trousers and inoculated with the parasite in question upon the fore legs of eighteen cats, thirteen of whom were afterward found in a steel trap, set for the purpose in the doctor's back yard, each with a fore leg broken. He also tried a similar experiment upon seven cows belonging to his wife, six of whom were afterward run over by railway trains,

running directly through the cow pasture, and sustained compound fractures of more or less of their legs. Having thus fully established the fact that broken leg is produced by a parasite infesting the trousers, the Times man maintains with much plausibility that by inoculating human trousers with this parasite after it has been artificially bred in trousers supplied for the purpose to cattle, men will be fully protected against broken legs.

A number of dissatisfied members of the New York Neurological Society, under the leadership of a member who insists in ruling or ruining all he is connected with, endeavored to get up a neurological section of the New York Academy of Medicine recently, but that institution refused to lend itself to the purposes of an agitation of a personal character, and although not officially approached, its leading members discountenanced the procedure. The opposition had the questionable taste of selecting the evening in which the president-elect was to deliver his inaugural address for carrying out a demonstration which was intended to cast a stain on his administration; it is needless to state that their course, participated in as it was by the disappointed candidate for the presidency and first vice-presidency of the society, only reflected unfavorably on them. As Dr. Hammond characterized it, the house was packed, and it had been decided beforehand to overrule all parliamentary precedent. Dr. Seguin, his brother-in-law Dr. Amidon, his clinical assistants Drs. Kinnicutt, and Birdsall the defeated candidate for the presidency, and several other members of the society entered a protest against the election. The newly elected president taking no notice of the procedure, took his seat however.

BELLEVUE HOSPITAL.

There has been of late much bickering among the Hospital Board, in consequence of which the Commissioners of Charities and Corrections determined upon a reorganization to remove all cause for jealousy, and put a stop to the consequent quarreling and bickering. Dr. Sayre said that the immediate cause of this step was the difficulty which arose over filling the vacancy in the Medical Board recently created by the death of Dr. Erskine Mason, and that the chief responsibility for the trouble rested on Dr. Alfred L. Loomis. The board as at present constituted, consists of twenty-four members, six representatives of each of the three colleges named above and six representatives of the profession as large. The latter are not officially connected with any college. The members of the board are divided into two classes, physicians and surgeons. The new board will consist of twenty-eight members, made up of seven representatives of each of the three colleges, and of the profession at large. A new class of gynæcologists has been created. Monday next, the board is to be divided into twelve visiting surgeons, twelve visiting physicians, and four gynæcologists and pædiatrists. Each of the medical colleges named is invited to nominate as its representatives on the board, to be approved by the Commissioners of Charities and Correction, three physicians, three surgeons, and one gynæcologist. Whenever a vacancy occurs in the representation of any college it is to be filled by a candidate nominated by the college and appointed by the Commissioners.

The Chicago physicians seem to have little appreciation of the great genius who is dwelling among them. It is the old story of the prophet being without honor in his own country, as witness the following from a Chicago paper which has accidentally come into my possession. At your Eclectic Medical Society, Dr. Moe, then detailed a case which had come under his own observation. It was, according to the doctor, a most remarkable case; one which seven other doctors had failed to treat successfully, and which had emerged from the most excruciating pain and the greatest combination of bodily ills under his treatment. The doctor's style of writing was fully as excruciating as the pain of his subject. Among other things the doctor said: "Her friends rush to her aid and summons the noblest caracterrs of the profession with all speed to her relief, she still moans for days for weeks for months and years in reking pain, her continued schreams reaches the ears of the neighbors who are aroused and summening grater number to her assistance until the surrounding country with seven regular physicians were running to her relief, and still she pleads for mercy. Professors from other States try their skill and yet her bitter grief is unceasing being starved for months and carcerated with scars from the clavicle to the diaphram, all in one solid mass of corruption and pain, wailing and moaning without ceasing night and day here she lays in spasms for hours

then for hours in torturing agony, weaping sobing and taring in pain and beging for eas." This was only a little of what ailed the woman. It took fifty pages of manuscript of a character similar to the above to explain it all. Finally, the doctor reached the influence exerted by Eclectism, and in connection therewith perpetrated the following: "But in comes theory snorting like a fierce wild tiger snarling and biting her sharpened teeth, direct from the wilde forest of her science with her head erect and her high bushy tail that sweeps the clouds of ignorance. With lofty prancing she glides over the planes in her well-beaten track, with gratitude she dashes upon the new made graves in joy of her heart. In this haughty greatness she is suddenly startled at the glimps of those little bright eyes of that ragged infant who soothed the shreeking pains who caught the tartar and gave ear to those feble uplifted hands and brought gladness with rejoicing welcom to her parents and friends." The woman far outdid Dr. Tanner in fasting. One of her fasts lasted for one hundred and twelve days, and another for one hundred and eleven days. Upon the conclusion of the essay, Dr. Moe received the thanks of the society, and one member said that his only regret was that the doctor was not at the bedside of President Garfield when he died.

MEDICO-LEGAL SOCIETY.

Arrangements are now being perfected by the Medico-Legal Society for obtaining the body of Charles J. Guiteau after his execution, for the purpose of a post-mortem examination. After this examination, the remains are to be returned to his friends for burial. In case these arrangements are completed, the post-mortem will probably be made by Drs. Hammond and Spitzka. These gentlemen, in the interest of medical science, desire to make accurate measurements of the peculiar skull, weight of the brain, and also a microscopic examination of th at organ, its peculiar formation and seemingly abnormal development. J.

OOPHORECTOMY.

BIRMINGHAM, ENGLAND, May 1, 1882.

Editor of the Chicago Medical Review,

SIR:—My attention has just been called to a paragraph in the Chicago Medical Review, in which you contrast the frequency with which Dr. Battey and I perform this operation. The explanation is simple, and given in Dr. Battey's own words to me is to the effect that if he could get the same results as I do in such operations, he would do them as often. What the explanation of this difference is I do not pretend to say, but my mortality stands at little more than three per cent. Yours truly,

LAWSON TAIT.

THE sympathy of the profession under these circumstances must necessarily be with Dr. Battey. EDITOR.

BERLIN UNIVERSITY—BERLIN HOSPITALS—LARYNGOTOMY—PROTHESIS OF THE LARYNX.

PRAGUE, May 1, 1882.

Editor of the Chicago Medical Review:

My trip from Northern Germany to Austria has been a rather rapid one; nevertheless I have stopped in several places of professional interest, and have seen enough, perhaps, to warrant a description of some points.

I was charmed with the advantages offered in Berlin. Whatever may be said of the enormous war indemnity extorted by Bismarck from subdued France, there can be no question but what it has been most judiciously and advantageously expended, in considerable part, for the benefit of science and art. This is no place wherein to dwell upon the latter; but if your readers could all see Virchow and Helmholtz and Du Bois-Reymond, as I did, in the palatial institutions which the government has erected for them, I am sure there would be no difference of opinion between us. Picture two immense structures of most imposing appearance and tasteful ornamentation, separated by an attractive garden, the aggregate of the two buildings nearly or fully equaling the Palmer House in dimensions and interior capacity, and you have an idea of the size of the "Physical Institute," presided over by Helmholtz, and the "Physiological Institute," whose guiding genius is Du Bois-Reymond. Then complete the picture by supplying them with every instrument and piece of apparatus of which a fertile scientific imagination can conceive, or which practical investigation can ask for. Capacious lecture-rooms, good working libraries, steam or gas engines for running dynamo-electric machines: in fact, everything wanted supplied ad libitum.

Virchow's "Pathological Institute" is an older building, situated within the grounds of the Charité; nevertheless he is supplied with everything he wants, like the others; and as I passed through room after room of his collection of pathological specimens, nearly filling two stories of the building, the greater number of the same being the work of his own hands, my admiration for his genius and wonder at his diligence and capacity for work were, if possible, increased.

Another large public building was that erected by the government for Langenbeck's clinic, and not yet completed, with already two hundred beds. This, so far as I have seen or can hear, is the finest structure for the purpose in the world. The amphitheatre in the centre is a perfect model of what such a place should be, and is supplied with every possible convenience. Moreover, the whole building is artistic in every feature. The amphitheatre seats one hundred and fifty students. The operating tables both here and elsewhere are about the same as those used at the Reese Hospital in Chicago. From a fixture on one side, carbolized water is supplied in unlimited quantities from one, on the other salicylated water. A hydraulic apparatus compresses air for the spray, so that steam is not needed. In the wards, among a great number of cases, I saw one of excision of the superior maxilla for osteoma, in which the union by first intention had been so complete that the patient, a young woman, was just about returning home on the eighth day, as needing no further care. A case of carcinoma of the uterus had undergone total extirpation, per vaginam, six weeks before my seeing her. She had recovered from the operation without untoward consequences of any kind, but was now showing unmistakable signs of recurrence in the peritoneum.

In fractures of the patella Malgaigne's hooks are used, only instead of being clamped into the bone they are inserted into two hard-rubber plates, one above the bone, the other below. These plates are adapted to the parts, and bound with sufficient firmness to accomplish the desired result without pain.

Here also Schweiger and Lucae hold their eye and ear clinics. Langenbeck, old as he is in years, sets his pupils a most praiseworthy example in diligence and early rising. During the term he lectures on operative surgery at 7 A. M.

Many a time since seeing these men I have asked myself, "In what enthusiastic esteem must a great government hold them, to erect such magnificent institutions for them?" I could easily be reconciled to a monarchy at home if it would provide in this way for the accession and dissemination of knowledge.

Hirschberg's eye clinic and Weber-Liel's ear clinic I also visited. The former has a very large amount of material, and he speaks very slowly and plainly, while his methods and expositions are so admirable that I can most cordially recommend his course.

Chloroform is used in Berlin to the exclusion of ether. I saw a case upon which one of the Stadt physicians was operating, fractures of both thighs and laceration of one foot. The chloroform was given carefully, and by the time the dressing was finished, fully an hour, the man was almost lifeless. And from the negative sort of a way in which they went to work to revive him, I should judge that chloroform accidents were very rare. No attempt was made to elevate the extremities above the head, as Nelaton, and Prof. Holmes, of Chicago have shown is so necessary. After some two hours' work the man was considered out of immediate danger.

In Leipzig I found the professors' lecture-rooms lighted by the Siemen's lamps; Ludwig's, Braune's and Hoffmann's especially. Prof. Ludwig showed me a dog whose stomach had been partially resected by Czerny, in Heidelberg, seven years ago; this being the first animal upon which the operation had been successful. Their method of preserving bodies is very simple. They simply inject with carbolic acid and lay them away in a large cellar. Here they keep for one or two months, which is as long as it is desired to keep them. In the anatomical museum the series of actions of frozen bodies, which Braune made for his "Atlas," is in as excellent condition to-day as when he made them.

Without wearying your readers longer with such a fragmentary letter, I will simply say that here in Prague I have had the pleasure of a rather extended interview with a patient whose larynx and epiglottis Prof. Gussenbauer removed over a year ago. Six weeks after the operation he began to wear part of the artificial larynx, and after accustoming himself to this he gradually learned how to introduce and use the

reed which takes the place of the vocal cords. This apparatus was made for him by Rothe, who has also done some work for the Reese Hospital. The patient is a riding teacher, is reputed the best rider in Prague, is busy from morning to night, talking all day, and suffers not the slightest inconvenience or pain. His voice is, of course, very monotonous, but his enunciation is excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intra-laryngeal operations had been previously made before Gussenbauer attempted his feat. This case is said to be the best living example of what the art of the surgeon and the mechanician can accomplish for such a terrible disease as cancer of the larynx.

ROSWELL PARK.

AMERICAN MEDICAL ASSOCIATION.

ST. PAUL, MINNESOTA, May 12, 1882.

Editor of the Chicago Medical Review,

DEAR DOCTOR:—In anticipating the meeting of the American Medical Association in this city June 6, 7, 8 and 9 prox., the Committee of Arrangements have secured the following rates from the various railroads centering at this point: The Chicago, Milwaukee and St. Paul R. R. offers a rate of $12.50 for a Round-Trip Ticket from Chicago to St. Paul and return, to delegates and ladies accompanying them upon presentation of credentials at general or depot offices in Chicago; also, return tickets to all points this side of Chicago for one-fifth fare, on certificate from the Chairman of the Committee of Arrangements. The Chicago, St. Paul and Minneapolis and Omaha offer the same rates from Chicago and points between Chicago and St. Paul; also, from Sioux City and all points North. From Omaha and all points South, two cents a mile for round-trip tickets. The Minneapolis and St. Louis R. R. offer the same rates ($12.50) from Chicago to St. Paul and return, via the Chicago, Rock Island and Pacific R. R., and a rate of $18.00 from St. Louis to St. Paul and return, via St. Louis, Chicago, Burlington and Quincy R. R. (via Albert Lea.) Also one-fifth fare returning to all intermediate points. All tickets on above roads good till July 10th. The St. Paul, Minneapolis and Manitoba R. R. will give passes to every delegate and to ladies accompanying them, over all divisions of its road, for the entire month of June. Their road runs through the celebrated Red River Valley, and the great wheat farms to Winnipeg. It connects Minneapolis and Lake Minnetonka (the largest watering place in the State, with four large hotels,) with St. Paul. The Northern Pacific R. R. will return all delegates for one-fifth fare, and offers free transportation for the month of June to delegates and ladies accompanying them, to the Yellowstone Valley and return.

The St. Paul and Duluth R. R. offers free passes to delegates and ladies accompanying them, over their line to Duluth on the north shore of Lake Superior and return. The two lines of river packets, viz.: The St. Paul and St. Louis Packet Co., and the Diamond Jo line offer one-half transportation rates from all points to or from St. Paul. (They charge full rates for berths and meals.) The Lake Superior Transit Co. offer the following rates: Buffalo to St. Paul, one way, $27.10, round trip, $47.20; Erie to St. Paul, one way, $25.40, round trip, $45.60; Cleveland to St. Paul, one way, $23.75, round trip, $39.20; Detroit to St. Paul, one way, $21.20, round trip, $35.20.

Meals and state rooms on steamers are included in the above rates. The above company have also offered a complimentary excursion down the lake and return, from Duluth, one day immediately after the meeting.

The hotels of St. Paul are the "Merchants," ($3 to $3.50); "Metropolitan," ($3 to $3.50); "Windsor," ($2.50); "Clarendon," ($2.50); "Sherman," ($2.50); "International," ($2.00); "St. James," $2.00); and "Commercial," $2.00). The three first are provided with elevators. The Opera House in which the general session will be held, seats a thousand persons. Minneapolis, a city of six thousand, lies nine miles from St. Paul on the line of the St. Paul, Minneapolis and Manitoba road, and has fine hotel accommodations. Half-hourly trains connect the two cities. Trains run almost hourly to and from Lake Minnetonka. Very respectfully,

ALEX. J. STONE,

RIESEBERG'S IODINE CAUSTIC.—This preparation has been found of value (Cincinnati Lancet and Clinic) in the treatment of lupus. It contains: Iodine, one ounce; Glycerine, two ounces; and is applied every second day with a camel's hair brush, but as the preparation is very powerful its action should be carefully watched.

REVIEWS.

LECTURES ON DISEASES OF CHILDREN, A Handbook for Physicians and Students. By Dr. Edward Henoch, Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charité, and Professor in the University of Berlin. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

This is the volume of Wood's Library for March. It cannot be said that it is likely to be of much value. The book reads as if written by an amateur rather than a specialist. The author appears to have confounded fibrinous bronchitis and croupous pneumonia. He is inclined to be rather undecided as to whether catarrhal phthisis is not, or is ever the result of broncho-pneumonia. He is apparently unacquainted with cholera infantum as it occurs in the United States. He takes what seems in many respects the best standpoint respecting diphtheria, that is, that it and membranous croup are distinct. The therapeutics of the author are largely expectant. His views read rather strangely at present as coming from Germany, and belong rather to the past decade when therapeutic nihilism was so prevalent. It cannot be said that the present volume is a valuable addition to the library. A comparison between it and any of the other works on pædiatry would be an insult to the latter. The book is like the rest of the library, well issued.

A STUDY OF THE TUMORS OF THE BLADDER. By Alex. W. Stein, M. D., New York. W. Wood, 1882. W. T. Keener, Chicago.

It is gratifying to see an interesting subject treated in as scientific a manner as has been done in the present volume, which is a rather exceptional contribution to American literature; not so much because there is not abundant material for it, as because of a lack of knowledge of previous literature among aspiring authors. In writing this monograph the author has filled a long-existing gap in the literature of diseases of the bladder, as this subject has never been treated monographically before. To a very careful and complete review of the literature from the earliest times, the author adds cases of his own, which are of interest not only for their rarity, but also on account of the minuteness of description and the keen observation shown in such description. The subject is interesting from a practical standpoint, chiefly because modern surgery enables us to attempt, and justifies us in attempting to operate on a number of tumors of the bladder in time to save life, and the profession owes the author a debt of gratitude for pointing out facts which, up to the appearance of the present volume were more or less ignored. At the close of the volume the author comes to the following conclusions: First: In a few remarkable cases in the case of women recovery seems to have resulted from a spontaneous expulsion of growths from the bladder. But in general it may be said that tumors of the bladder, if not interfered with, are inevitably fatal; and although they may exist for several years without causing much distress, a fatal termination almost invariably ensues in a few months or weeks from the outbreak of active symptoms. Second: Death results most frequently from the effects of mechanical obstruction to the outflow of urine. Hence the indication would be to remove the growth while the general condition of the patient is yet favorable for an operation; before the subject has yet become exhausted from loss of blood, or the kidneys and bladder have become so much diseased as to make recovery impossible, even in the event of the successful extirpation of the growth. Third: In women, because of the accessibility of the bladder to direct exploration, there is no excuse for temporizing, and the surgeon should lose no time in acquiring an exact knowledge as to the existence, nature, etc., of the tumor, and, if practicable, attempt as early as possible. Fourth: The results thus far attained by surgical interference in the cases of women could scarcely be more satisfactory, and, excepting one instance, in which the bladder was accidentally perforated, it does not appear that the fatal termination was precipitated in any of the cases. Fifth: In the male the propriety of operative interference must necessarily always be a more serious question, because of the occasional uncertainty of diagnosis, and because of the gravity of the undertaking necessary for the removal of the growth. Nevertheless the results thus far attained by operation are most encouraging, and in every way justify a repetition of the same. Sixth: From a number of autopsies made, we learn that the successful operations might have been multiplied; first, in those casee

in which no operation was attempted, although the growths could have been easily removed, and with apparently every prospect of success; and again in those in which the operation was too long deferred, and which, it is reasonable to assume, would have terminated successfully had the same been undertaken at an earlier period.

Seventh: Given a positive diagnosis of tumor of the bladder, the absence of severe secondary symptoms should be no excuse for deferring the operation. On the contrary, the earlier the growth is removed the better the prospects of complete recovery. With a healthy bladder and kidney, cystotomy is not so serious an operation as to warrant delay. Eighth: Evidence so strongly pointing to the existence of a tumor, or with spasm of the bladder and much suffering, will often justify an operation; for if a tumor is found, its extirpation will afford the only chance for life; and if no growth exists, or the bladder is occupied by an irremovable cancer, the cystotomy may at least afford temporary relief from suffering. The book is very well issued, and will be read with interest by every surgeon.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from April 29, 1882, to May 12, 1882.

King, Wm. S., Colonel and Surgeon. The extension of his leave of absence on account of sickness, granted him in S. O. 251, Nov. 7, 1881, from A. G. O., still further extended six months on account of sickness. S. O. 104, A. G. O., May 5, 1882.

Jaquett, G. P., Major and Surgeon. Granted leave of absence for six months on Surgeon's Certificate of disability. G. O. 97, A. G. O., April 27, 1882.

Cleary, P. J. A., Captain and Assistant Surgeon. The leave of absence on Surgeon's Certificate of disability, granted him in S. O. 224, Oct. 4, 1881, from A. G. O., is extended six months on account of sickness. S. O. 107, A. G. O., May 9, 1882.

Cowdrey, S. G., Captain and Assistant Surgeon. Now awaiting orders to report to Commanding General, Dept. of the East, and for assignment to duty at Fort Monroe, Va. S. O. 102, A. G. O., May 4, 1882.

Hoff, J. V. R., Captain and Asst. Surgeon. To be relieved from duty in Dept. of the East and report in person to Commanding General, Dept. of California for assignment to duty. S. O. 103, c. s. A. G. O.

Carter, E. C., First Lieutenant and Asst. Surgeon. To be relieved from duty in Dept. of California, and report in person to Commanding General, Dept of Arizona, for assignment to duty. S. O. 103, c. s. A. G. O.

Raymond, H. I., First Lieutenant and Asst. Surgeon. To be relieved from duty in Dept. of California, and report in person to Commanding General Dept. of Arizona, for assignment to duty. S. O. 103, c. s, A. G. O.

Williams, John W., Major and Surgeon. Granted leave of absence for six months. S. O. 101, A. G. O., May 2, 1882

Gardiner, J. de B. W., Captain and Asst. Surgeon. Telegraphic instructions of this date, assigning him to duty at Fort Huachuca, A. T., confirmed. S. O. 57, Dept. of Arizona, April 19, 1882.

Gardner, Edwin B., Captain and Asst. Surgeon. Having reported at these Headquarters, is assigned to temporary duty at Vancouver Barracks, Washn. T. S. O. 50, Dept of the Columbia, April 14, 1882.

Corbusier, Wm. H., Captain and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Mackinac, Mich. S. O. 67, Dept. of the East, April 15, 1882.

Shufeldt, R. W., Captain and Asst. Surgeon. Granted leave of absence for three months from May 1, 1882. Relieved from duty in the office of the Surgeon General, to take effect May 1, 1882, and upon expiration of his leave to report by letter to the Surgeon General. S. O. 92, A. G. O., April 21, 1882.

Robinson, S. O., Captain and Asst. Surgeon. Having reported at these Headquarters, is assigned to duty at Fort Spokane, Washn. T. S. O. 50, c. s., Dept. of the Columbia.

Davis, Wm. B., Captain and Asst, Surgeon. So much of par. 12, S. O. 78, April 5, 1882, from A. G. O., as directs him to report for duty to the Commanding General, Dept. of the Platte, is amended as to direct him to report in person for duty to the Commanding General, Dept. of Dakota. S O. 87, A. G. O., April 15, 1882.

BOOKS AND PAMPHLETS.

S. G. Armstrong, M. D., Boscobel, Wis. Constitution and By-Laws South Western Wisconsin Medical Association.

E. Borck, M. D., St. Louis, Mo. Observations on Surgery in Children. Reprinted from the St. Louis Medical and Surgical Journal, June 1882.

H. B. Baker, M. D., Lansing, Mich. The Work of Health Officers and Local Boards of Health in Michigan. Reprinted from the Annual Report State Board of Health, 1881.

H. B. Baker, M. D, Lansing, Mich. Prevention and Restriction of Small Pox. Reprinted from the Annual Report State Board of Health, 1881.

C. W. Chancelor, M. D., Frederick, Md. Fourth Biennial Report State Board of Health of Maryland, January, 1882.

From the London Medical Record, March 15, 1879.

TROMMER'S EXTRACT OF MALT.

Trommer's Malt Extract is a preparation which has been received with considerable favor both in Germany and in America, and is now being introduced into this country. The malt extract of this kind of an unfermented preparation of malt, and containing carbo-hydrates, malt-sugar and dextrine, which take the place in therapeutics which has hitherto been essentially filled by cod-liver oil, while from the fact that these carbo-hydrates are combined with diastase, with phosphates, and with the bitter principle of hop, it has many advantages over cod-liver oil in respect to its power of aiding digestion. Thus the preparation is not only in itself nutritive, but also tonic, and has the power of increasing the gastric secretion, and of rendering starch digestible through the medium of its diastase, which converts it into glucose. A great number of eminent practitioners abroad, including, indeed, most of the leading teachers, speak of it in the highest terms, and independently of the obvious merit of its composition, there is in its favor a mass of clinical evidences, which should certainly secure for it an extensive trial in this country.

From the British Medical Journal, April 19, 1879.

TROMMER'S EXTRACT OF MALT.

This extract of malt has obtained a very large celebrity, and has come into very extensive use in the United States, where, indeed, it has become an article of almost daily use in professional practice. Malt extracts of the kind, consisting of the soluble constituents of barley malt, not fermented, appear to have considerable value in maintaining and strengthening nutrition. They are rich in malt sugar, dextrine and diastase. Hoppe-Seyler points out that, while the dextrine possesses the property of increasing the activity of the gastric secretion, and the diastase assists in converting starch into glucose and dextrine, the malt extract includes also a combination of malt sugar, alkalies and phosphates, which together make it a nutrient and medicinal agent of great value. There is, indeed, an accumulation of considerable clinical evidence that malt extract is capable of taking the place of cod-liver oil, to a large extent, in the treatment of phthisis and other wasting diseases. In Zimesson's Cyclopædia, vol. xvi, it is said to almost entirely have taken the place of cod-liver oil at the Basle Hospital, without any reason having been found as yet for returning to the latter remedy.

From the London Lancet, January 25, 1879.

IMPROVED EXTRACT OF MALT, consisting of the Soluble Constituents of the best Canada Malt. (The Trommer Extract of Malt Co., Fremont, Ohio.)

We find that this extract converts starch into glucose and dextrine rapidly and in large quantity. In flavor it is excellent, and we have, therefore, no hesitation in praising it highly. Malt extract seems to be steadily increasing in favor for diseases involving impaired nutrition; but its preparation requires great care, as it is easy, in making it, to destroy its activity as a starch-converter, and so render it nearly useless. The malt extract is supplied in various forms: for example, the simple, for nutrient purposes, with cod-liver oil (which it disguises pleasantly), with the hypo-phosphite, and with iron.

From the London Chemist and Druggist, February 15, 1879.

Trommer's Extract of Malt is one of the best of the various preparations of a similar character. It is of the consistence of honey or treacle, and has a pleasant flavor, rendered slightly bitter by the addition of hop. Professor Redwood finds Trommer's Extract has all the power of acting on amylaceous bodies which diastase possesses, and he considers the preparation has been made with great care and judgment.

CELERINA

NERVOUS EXHAUSTION.

Since the appearance of the January number of this Journal, where we detailed the treatment of some important nervous diseases, and illustrated the use and virtues of celerina, with some other valuable drugs, numerous inquiries have been received from different directions, some from physicians, others from laymen, all asking for advice regarding ailments of various kinds.

A gentleman from Iowa, upon the recommendation of his family physician, applied to me regarding his own health. A married man, about thirty-seven, general appearance good, but he complained of a lameness of the back and sexual weakness. He had suffered from shifting pains in the back for a year or more, and had realized that the back was losing strength and the sexual powers failing. An application of the faradic current revealed a condition of anæsthesia over two or three points in the lower third of the spine; sensibility exceedingly limited over the whole of the lower third. He declared that he had been a vigorous man all his life until the last year or so, and had enjoyed as strong sexual desires and power as most men, but was now the next thing to impotent. There was scarcely any irritability about the sextual organs, and a great mental as well as physical effort was required to excite the least sexual feeling, and under no circumstances could he acquit himself like a man.

Treatment.—We ordered this man to take one desert spoonful of *Celerina* four times a day every second day. Also ordered him to take comp. phosphorus and nux vomica pills, one three times a day, every second day—the day he does not take the celerina: This is a daily alternation of drugs. The pills are composed of phosphorus gr. 1-100 ; ext. nux vomica gr. 1-4 ; each pill. I ordered enough of each of these to last one month. On the fourth of February I received a line from the patient saying that he was almost well. His back was stronger and the natural feelings of healthy functions were rapidly returning. I ordered the treatment continued, and feel confident that a radical cure will result. I know the faradic current would aid him materially, but he will recover without it.

A gentleman from an adjoining State, two hundred miles from St. Louis, called upon me and gave me a history very similar to that given by the first patient, only that he had been failing longer, and was almost impotent. He had accidently picked up the January number of the Journal in a physician's office, in Kansas, and after reading the article on *nervous diseases* he immediately started for St. Louis. I gave him a treatment similar to that ordered in the first case, *celerina*, phosphorus and nux vomica, and, under date of January 30th, 1882, he writes as follows : "As the one month's medicines prescribed by you are all now taken, I thought to write you. I am very much improved every way; have gained fully ten pounds in weight, and the *sexual organs* are decidedly improved in strength."

These cases are examples of interest and value, and no body can dispute the results. And these cures will be complete and permanent. This is not merely a temporary nervous excitement; no indeed. Hear the second patient tell how he has gained ten pounds in weight in one month. This shows a general improvement of nutrition, a building up of whole man.

On the 9th of this month (February, 1882), I was called to see Mr. S., age forty-five. He had been vomiting occasionally for a day or two. For the last six hours had been suffering from diarrhœa and cramps in the muscles of the legs and arms. He was exceedingly nervous, trembling greatly upon the least exertion. I found that he was a regular drinker, and that he had, on several previous occasions, suffered from attacks of vomiting that had lasted three or four days, but this was the first time he had been troubled with cramps and such distressing nervous symptoms, although he had been quite nervous before.

Treatment.—We ordered the morphia sulp. 1-4, to be given at once. Bromide potassium in ten grain doses every three hours. The morphia to be repeated after each effort at vomiting till three doses were taken.

Please mention THE CHICAGO MEDICAL REVIEW when corresponding with Advertisers.

Called on the morning of the 10th and found that one dose of the morphia was sufficient to quiet the stomach and relieve the cramps. And under the influence of the bromide he was more composed, but felt exceedingly feeble, exhausted mentally and physically. He looked like one who had passed through a long siege of sickness and trouble—completely worn out. We ordered a bottle of *celerina* for him, and he took one desert spoonful four times a day for a week, then three times a day for another week. This was all the medicine he required, for he immediately felt refreshed, invigorated and improved in every way. His appetite was natural, digestion quite good, nerves quiet, and he was ready for business before he had taken the medicine a week.

There is nothing that will restore a patient after a fit of drunkenness like *celerina*. It excels anything we have ever tried.

[*From American Medical Journal—May* 1882, GEO. C. PITZER, M.D., *Professor of the Theory and Practice of Medicine in the American Medical College, St. Louis.*

(LOUISVILLE, KY., April 24, 1882)

In March last was called to see Mrs S. Found her suffering from a severe headache, was exceedingly nervous, and much depressed in spirits. She had recently been divorced from her husband, and had gone to work in a publishing house. This change in her domestic relations produced great nervous excitement: corresponding depression followed, and her condition was truly deplorable. She had temperature of 102, rapid pulse, severe headache, and backache, metrorrhagia, leucorrhœa, loss of appetite, and constipated bowels.

On two previous occasions she had been treated for uterine disease. The indications were plainly to restore the general health and tone of the nervous system before resorting to treatment for any local trouble. A mercurial purge, small doses of ergot, and injections of hot water to uterus were ordered. Thinking this a favorable opportunity to exhibit the new nerve remedy, CELERINA, accordingly, on the following visit it was prescribed. Within a week my patient was able to resume her work "as well as she had been since her marriage." I am convinced a great proportion of this happy result was due to the CELERINA. I am much pleased with its action, and deem it a remedy werl worth the careful consideration of the profession.

JOHN G. CECIL, M. D.

Clinical Professor of Gynæcology in the Hospital College Medicine, Louisville, Ky.

(LOUISVILLE, KY., April 24, 1882.)

CELERINA is a combination of drugs which meets all the requirements of a first-class prescription: it is efficient, agreeable and safe.

I have used it in two cases of neurasthenia, with highly sati-factory results, and shall give it still further trial.

Yours very respectfully,
H. A. COTTELL, M. D.

Demonstrator of Anatomy, Microscopy and Medical Chemistry, University of Louisville Medical Department.

(LOUISVILLE, KY., April 22, 1882.)

J. C. Richardson, St. Louis, Mo.:

DEAR SIR:—I have been a sufferer from nervous sick headache for many years. Lately I have been using your preparation of CELERINA, and have found it to give me more relief than anything else I have used. I have also prescribed it in a few cases with entire satisfaction. I take pleasure in saying that I think it will supply a much needed want in the treatment of all neurological diseases.

THOS. R. WALKER, M. D.

Mr. J. C. Richardson:

DEAR SIR—I have used your CELERINA in my practice, and find it to be an excellent nerve tonic.

C. W. NULL, M. D.,
Prof. Physiology in Louisville Medical College and Jefferson School of Medicine.

(LOUISVILLE, KY., April 22, 1882.)

* * * The formula of Richardson's CELERINA challenges the confidence fully of any one acquainted with its constituents. I have had occasion to prescribe it in numerous cases, and have found it to justify my expectations to a highly satisfactory degree. In nervous debility, or nervous exhaustion, especially from protracted overwork—in short, for almost any form of neurasthenia, it seems to me an invaluable remedy.

C. C. FORBES, M. D.,
Visiting Physician to the Female Medical and the Obstetrical Department of the Louisville City Hospital; late Medical Superintendent of Central Kentucky Lunatic Asylum, Anchorage, Ky.

(ST. JOSEPH, MO.)

I have used CELERINA, and I am happy to say in *sexual* debility it is *par excellence.*

F. C. HOYT, M. D.

(GILARD, KAS.)

I have used CELERINA in several cases, and *have not* been disappointed in its effects.

In a severe case of enteric (typhoid fever), I used no other anodyne. It allayed all pain in the bowels, and with the addition of tannin controlled an involuntary and colliquative diarrhœa. I used no opiate in this grave disease for the first time in my practice. WM. H. WARNER, M. D.

(LOUISVILLE, KY.)

I have used CELERINA in several cases of *general nervous debility* in *female convicts* at the City Work House, and can say from the results in these cases I consider it surpasses *Bromides and Hydrate Chloral.* I can cheerfully recommend it to the medical profession, and will continue its use at City Work House.

M. K. ALLEN, M. D.,
Physician in charge City Work House

MINNESOTA COLLEGE HOSPITAL.

Minneapolis, Minnesota.

The Session of 1881–2 commenced November 1, 1881, and will close March 24, 1882. The Session of 1882–3 will commence October 2, 1882 and close February 23, 1883.

This Medical College is inaugurated under the auspicies of the union with the St. Paul Medical College, thereby securing the co-operation of this experienced corps of instructors, and the hospital advantages of Minneapolis and St. Paul combined.

The College Hospital Building.

Containing the Medical College and the Hospital is a grand edifice, containing 200 rooms, admirably located for hospital purposes, and provided with the best modern appliances and appointments.

Five Hospitals and two Dispensaries afford abundant opportunity for clinical study.

A Thorough and Systematic Course of Instruction

Will be given by means of recitations, didactic and clinical lectures. A three years course is required, but students may be admitted to advanced standing by passing a satisfactory examination in Anatomy, Physiology and Chemistry.

There will also be a preliminary examination for admission, unless the applicant has had the benefit of a high-school education, or its equivalent.

Fees, for all Tickets and necessary dissecting material, $50.00

The Spring Session will begin April 3, and close June 30. It will be devoted to lectures, recitations and clinical teaching, and will be an admirable preparation for the studies of the regular session. The anatomical and chemical laboratories will be opon during the session.

Fees, $25, including Matriculation Fee, Dissecting Material and Laboratory Fees.

FACULTY OF THE COLLEGE.

MINNEAPOLIS.

F. A. DUNSMOOR, M. D.,
Prof. of Surgery and Dean of the Faculty.

A. W. ABBOTT, M. D.,
Professor of Anatomy.

S. F. HANCE, M. D.,
Prof. of Clinical Medicine,

A. R. BRACKETT, M. D.,
Prof. of Pathology and Demonstrator of Anatomy.

JEROME H. SALISBURY, A. B., . D.
Professor of Chemistry.

M. E. WOODLING, M. D.,
Adjunct Professor of Theory and Practice.

HON. EUGENE M. WILSON,
Professor of Medical Jurisprudence.

GEO. F. FRENCH, A. M., M. D.,
Professor of Midwifery.

C. L. WELLS, A. M., D.,
Prof. of Diseases of Children and Dermatology.

T. F. QUINBY, M. D.,
Prof. of Materia Medica and Therapeutics.

ALFRED BRAY, M. D.,
Prof. of Toxicolo

A. B. CATES, A. M., M. D.,
Lecturer on Obstetrics.

H. J. BURNWASH, M. D.,
Professor of Hygiene.

CHAS. W. DREW, Ph. D., M. D.,
Assistant to Chair of Chemistry.

ST. PAUL.

A. J. STONE, M. D.,
Prof. of Diseases of Women.

TALBOT JONES, M. D.,
Prof. of Physiology and Histiology.

FRANCIS ATWOOD, A. M., M. D.,
Prof. of Eye and Ear.

JAMES QUINN, M. D.,
Prof. of Genito-Urinary Diseases.

JAY OWENS, M. D.,
Prof. of Theory and Practice of Medicine

C. E. RIGGS, A. M., M. D.,
Prof. of Nervous Diseases.

E. F. HORST, M. D., Prof. of Orthopædic Surgery.

Communications may be addressed to

F. A. DUNSMOOR, Dean.

MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorus Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates Iron and Quinia.
MALTINE with Phosphates Iron, Quinia & Strych.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

MEDICAL ENDORSEMENTS.

We append, *by permission*, a few names of the many prominent Members of the Medical Profession who are prescribing our Maltine Preparations:

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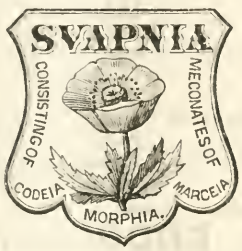
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NARCEIA
AND
MORPHIA.



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ALKALOIDS

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2 Narceia.	2 Cryptopin.
3 Codeia.	3 Papavorin.

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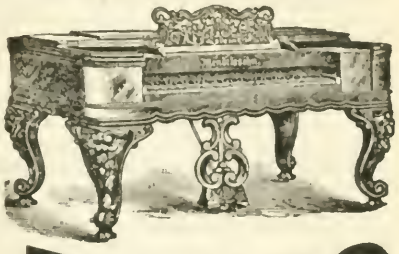
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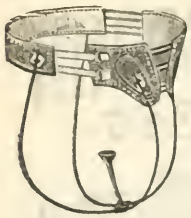
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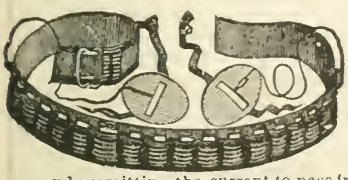
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We manufacture our Purif. Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. Ergot, and each 3 gr. pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded, and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form are obvious. (Dose, 2 to 9 grs.)
WE OFFER OUR ERGOTIN, PREPARED SPECIALLY FOR HYPODERMIC USE, IN ONE OUNCE BOTTLES. SPECIFY McK. & R.'S FOR HYPODERMIC USE, AS WE ALSO MANUFACTURE AN ERGOTIN AFTER BONJEAN'S FORMULA.

McK. & R. ERGOTIN AND ALOIN {Ergotin Purif., 1 gr. / Aloin, 1-5 gr.} . . . per 100, $1.25.
The use of Ergotin is rapidly increasing in scope. This pill is recommended for its peristaltic action on the mucous membrane.

McK. & R. ERGOTIN AND CANNABIS INDICA. {Ergotin Purif., 1 gr. / Ext. Cannab. Indic., 1-2 gr.} per 100, $1.25.
Where a continued treatment with Ergot is necessary, the addition of Cannab. Indica is frequently preferred, and many physicians, who have employed this combination for sleepless cases of mania, hemicrania, and congestive nervous conditions that follow uterine disorders of women, give the quality of these Extracts a very satisfactory mention. Dose, 1 to 3.

McK. & R. EXTRACT CASCARA SAGRADA, 2 grs., . . . per 100, 40c.
Recommended in bilious affections.

McK. & R. GLONOINUM (Nitro-Glycerin) 1-100 gr., . . per 100, 60c.
Pronounced beneficial in Neuralgic Headaches

McK. & R. HELONIAS COMPOUND, 2 grs. {Helonin, Viburnin. aa, 1-3 gr. / Caulophyllin, 1-4 gr. / Mitchella, rep., 1 1-2 grs.} . per 100, 80c.

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McK. & R. LAXATIVE, SPECIAL. (See Dr. Fordyce Barker's work on Puerperal Diseases.) per 100, 50c.
{Ext. Coloc. Comp. pulv., 1 2-3 grs. / Ext. Hyoscyami, 1 1-4 grs. / Aloes Socotrin, pulv., 5-8 gr. / Ext. Nucis Vomicæ, 5-12 gr. / Res. Podophylli, Ipecac., pulv., aa, 1-12 gr.}

McK. & R. MERCURY PROTOIODIDE, 1-8, 1-5, 1-4, 1-3 and 1-2 gr., per 100, 40c.
The Protoiodide Mercury used in our granules is freshly made in our own laboratory, and is guaranteed to be reliable. Our immense demand proves that the profession have found them as represented. We have added the 1-8 gr. size, as we have received many inquiries for it, approximating as it does more closely to the size of the sugar-coated pills of foreign manufacture.

McK. & R. MORPHINE, SULPHATE, 1-20, 1-16, 1-10, 1-8, 1-6, and 1-4 gr.
We have increased the list of sizes of these reliable granules.

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Each pill contains 2 minims of the Crude Oil of Petroleum. Our pills furnish the best form for administering this remedy.

McK. & R. PICROTOXIN, 1-80 gr., ... per 100, 60c.
A prominent physician, in referring to this alkaloid, says that his success with Picrotoxine in the treatment of night sweating in Phthisis and other diseases has been decidedly superior to any attained by the use of the mineral acids, belladonna and ergot, singly or combined. He writes: "I have not employed this drug in the night sweats of phthisis solely. I recall a case of chronic pleurisy in which, the effusion having been absorbed, convalescence was unaccountably retarded and prostration was so extreme that a latent, incipient phthisis was suspected. The skin was bathed in perspiration during the greater portion of the twenty-four hours, and this being the only discoverable morbid condition, I resolved to treat it with picrotoxine. It was promptly checked, and convalescence set in immediately. I have employed the drug in nearly one hundred cases." "My custom has been to give a pill containing gr. 1-80 at bedtime, which dose may be repeated once or twice during the day in obstinate cases, and, at my suggestion, the firm of McKesson & Robbins, of New York, have added such a pill to their list."

McK. & R. QUININE AND CAPSICUM, No. 1. {Quinæ Sulph., 1 gr. / Pulv. Capsici, 1-4 gr.} per 100, $1.50.
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